United Nations CEDAW/C/URY/2-3

Convention on the Elimination of All Forms of Discrimination against Women

Distr.: General
3 March 1999
English
Original: Spanish

Committee on the Elimination of Discrimination against Women

Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women

Second and third periodic reports of States parties

Uruguay*

* The present document is being issued without formal editing.

For the initial report submitted by the Government of Uruguay, see CEDAW/C/5/Add.27 and Amend.1; for its consideration by the Committee, see CEDAW/C/SR.107 and CEDAW/C/SR.113, and *Official Records of the General Assembly, Forty-third Session, Supplement No. 38* (A/43/38), paras. 182-231.

98-07626 (E) 030501 220601

Periodic report to the Committee on the Elimination of Discrimination against Women

I. Introduction

1. This periodic report was prepared by the Human Rights Department of the Ministry of Foreign Affairs, in collaboration with the National Women's Institute and the Supreme Court of Justice.

II. National context

Population, participation and labour

2. According to 1996 figures, the total population of the Eastern Republic of Uruguay is 3,155,029 people. Of these, 1,541,673 are male and 1,613,356 are female.

3. The following table shows population figures from the last two censuses, broken down by gender and department:

	Censuses					
	1996			*1985*		
Department	*Total*	*Men*	*Women*	*Total*	*Men*	*Women*
Total	**3 163.7**	**1 532.3**	**1 631.4**	**2 955.2**	**1 439.0**	**1 516.2**
Montevideo	1 342.4	620.4	711.0	1 312.0	610.6	701.4
Interior	1 821.3	911.9	910.3	1 643.3	828.4	814.8
Artigas	75	37.4	37.6	69.1	35.4	33.7
Canelones	443.7	219.6	224.1	364.2	181.6	182.6
Cerro Largo	82.5	41.0	41.5	78.4	39.4	39.1
Colonia	121.2	60.0	61.2	112.7	56.4	56.3
Durazno	55.6	27.9	27.8	55.1	28.1	26.9
Flores	24.8	12.4	12.4	24.7	12.6	12.1
Florida	66.4	33.5		66.5	34.2	32.3
Lavalleja	61.2	30.7	32.9	61.5	31.2	30.3
Maldonado	127.3	63.5	63.7	94.3	47.6	46.8
Paysandú	111.0	55.5	55.6	103.8	52.4	51.4
Rio Negro	51.6	26.7	24.9	48.6	25.5	23.1
Rivera	98.9	48.3	50.5	89.5	43.9	45.6
Rocha	70.2	35.0	35.2	66.6	33.8	32.8
Salto	118.0	57.9	60.1	108.5	54.2	54.3
San José	98.2	49.2	49.0	89.9	45.8	44.1
Soriano	81.4	40.6	40.8	79.4	40.3	39.2
Tacuarembó	85	42.2	42.6	83.5	42.4	41.1
Treinta y Tres	49.4	24.5	24.9	46.9	23.7	23.2

4. As a result of gradual changes in the demographic variables of fertility, mortality and migration, Uruguay's current population structure is characterized by advanced population ageing.

5. The population aged 65 and over represents 12.3 per cent of the total population. This percentage has been increasing since the turn of the century, primarily because of a decline in fertility.

Women's participation in economic activity

6. The growth of women's participation has been the most significant feature of the labour force in recent years. Today, 45.5 per cent of women aged 14 or over participate in the labour force, and women represent 42.4 per cent of the economically active population in urban areas.

7. Over the past decade, the proportion represented by the economically active population (EAP) has risen by four percentage points, a fact accounted for by the rise in the number of working women. Nevertheless, there remains a very significant difference between the sexes in respect of this indicator, which is 60 per cent higher for men than for women.

8. *Changes in rates of economic activity, by sex (%)*

Year	*Total*	*Women*	*Men*
1963	48.4	23.9	73.4
1975	50	27.7	73.6
1986	54.1	39.4	72.1

Source: National Statistical Institute. Periodic household survey.

9. *Proportion of the labour force, by sex (%)*

Year	*Total*	*Women*	*Men*
1986	100.0	39.90	60.10
1996	100.0	42.40	57.60

Economic participation and level of education

10. One of the most striking patterns noted is that women join the workforce with higher levels of education than men.

11. Some 19.3 per cent of women who participate in the labour market have completed tertiary education. This is twice the proportion of men who have this level of education. This difference is observed both in the capital and in urban areas of the rest of the country.

12. *Distribution of EAP by area and sex, according to the highest level reached (%)*

	Whole country		*Montevideo*		*Interior*	
	Women	*Men*	*Women*	*Men*	*Women*	*Men*
No education	0.8	0.8	0.6	0.4	1	1.2
Primary	30	37.6	24.6	30.1	36.6	45.3
Secondary	49.6	50.9	50	53.1	49.2	48.5
Higher	19.3	10.1	24.6	15.4	12.9	4.9

III. Brief summary of the development of women's rights

13. As explained in the initial report submitted in 1984 and considered by the Committee in 1988, Uruguay has a long history of gender rights movements. As early as 1911, the first Section of the Pan-American Women's Federation was inaugurated in Montevideo.

14. The primary achievement of the movements of the early part of the century was the recognition of women's right to political participation, and specifically their right to vote by secret ballot, which was granted in 1932.

15. The recognition of full civil equality was won in 1946 with the adoption of the women's civil rights law, which provided for equal substantive and procedural rights and represented a milestone in the progressive development of women's rights through the elimination of discrimination.

16. The decades after 1946 were marked first by inertia and then by a setback in the consolidation of women's participation. This process was closely associated with the authoritarian political leadership of the de facto Governments that ruled the country in the 1970s and early 1980s.

17. The restoration of democracy and the incorporation of women into active political life resulted in the re-emergence of women's status as a subject of public debate. Consequently, the Commission on Women was established within the framework for programme consultation, and paved the way for women's access to decision-making posts.

18. The various sectors within each political party established commissions and working groups; trade unions did likewise and civil society organized into hundreds of groups which, in the non-governmental sphere, gave new impetus to the discussion on women's issues.

19. This expansive process, which took place in the years after 1985, has become consolidated. The establishment, within the permanent organic structure of the State, of a specialized institution on women's issues and its empowerment to play a very concrete role in the design of national policies directed towards women and the family illustrates the current situation with respect to the government agenda on women's issues.

20. The National Institute for Family and Women's Affairs was established by Act No. 16,116 of 23 October 1991, and is the successor of the National Women's Institute, which was described in Uruguay's initial report.

21. This Act gave the Institute the following mandate:

- To promote, plan, design, formulate, execute and evaluate national policies on women and the family;
- To coordinate and jointly execute these policies with State agencies through the linkage of actions and the training of the human resources needed for the performance of its mandate;
- To conclude agreements with international technical and financial cooperation agencies.

22. The Institute's plan of action revolves around six thematic areas:

- Legislation;
- Education;
- Labour;
- Health;
- Human rights;
- Environment.

23. There are also subprogrammes geared to women in high-risk or socially marginalized situations, such as critically poor women, teenage mothers, women heads of household and elderly women.

24. Below is a brief outline of the developments which have taken place, in the official sphere, with regard to public institutions exclusively devoted to women's issues during the period 1975-1992.

Year	*Development*
1975	Under the de facto Government, the Department of Women's Affairs is established within the Ministry of Labour and Social Security.
1982	The Department of Women's Affairs closes.
1987	The Government establishes, by presidential decree, an inter-agency commission called the "National Women's Institute", presided over by the Ministry of Education and Culture.
1990	The Institute ceases to function and is left without a presiding officer as a result of the expiry of its members' mandates.
1991	New members are appointed and their objectives are redefined.
1992	The National Institute for Family and Women's Affairs is established by law as the first governmental lead agency for policies on women and the family.

IV. Progress in the elimination of discrimination against women

Organizational and institutional sphere

25. The establishment of the National Institute for Family and Women's Affairs and the implementation of joint activities at the national and municipal levels represent progress in the dissemination, promotion and protection of women's rights.

26. Below are the main programmes being coordinated:

Programmes and activities

Ministry of the Interior:

- Women's police stations in a number of departments;
- Technical office to assist victims of domestic violence (Montevideo).

Ministry of Agriculture, Livestock and Fisheries:

- Support programme for rural women and youth, in the context of an International Fund for Agricultural Development (IFAD) project;
- Programme on the analysis of agricultural policies in relation to women food producers.

Ministry of Education:

- Sex education programme;
- Secondary-school courses on the status of women.

National State Telephone Administration:

- Telephone information service for women and families.

National Women's Institute:

Women's Division of the National Institute for Family and Women's Affairs:

- Specialized library on women (Professor Ofelia Machado Bonet);
- Documentation centre;
- Information centres on family and women's rights;
- Activity centre.

Municipal Administration of Montevideo:

- Commission on Women;
- Telephone referral service for battered women.

Ministry of Labour and Social Security:

- Job search programme, operated jointly by the National Institute for Family and Women's Affairs and the National Employment Bureau and supported by the International Labour Organization (ILO);
- Agreement between the National Employment Bureau and the National Institute for Family and Women's Affairs;

- Tripartite Commission;
- Honorary Commission on Rural Women (Ministry of Agriculture, Livestock and Fisheries);
- Honorary Commission on Sexual and Reproductive Health which works in coordination with the "Planned Parenthood" project (Ministry of Public Health).

Departmental governors' offices:

- Information centres on family and women's rights (agreements with the National Institute for Family and Women's Affairs);
- Municipal women's offices.

27. Specific programmes for women have been established by ministries, departmental governments and autonomous entities. A Police Station for the Protection of Women was established in 1985 within the Montevideo Police Department's Safety Division.

28. Subsequently, women's police stations were also instituted in other departments.

29. In 1991, the National State Telephone Administration established a telephone information service for women and families.

30. Also in 1991, the departmental government of Montevideo established a Commission on Women, which introduced a telephone referral service for battered women in September 1992 under an agreement with the Fundación PLEMUU (Plenario de Mujeres del Uruguay) (Uruguayan Women's Conference).

31. In late 1992, the departmental government of Canelones established a Women's Office within its Cultural Division, whose primary task is to promote women's integration into all spheres of activity in that Department.

32. The municipal administrations and the departmental and local authorities of Cerro Largo, Durazno, Flores, Florida, Treinta y Tres, Río Negro (two centres), Carmelo, Salto, Paso de los Toros, Colonia and Rocha have information centres, all of which operate with specialized staff under an agreement with the National Institute for Family and Women's Affairs. In 1996, three "women's municipalities" ("*comunas mujer*") were put into operation under the Montevideo Municipal Administration's Commission on Women.

33. Legislative sphere

- Act No. 10,045 prohibiting sex discrimination in all areas of labour;
- Act No. 16,713 on the social security system, unifying the retirement age;
- Act No. 16,707 establishing the offence of domestic violence;
- Ratification of the Convention of Belém do Pará (Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women).

Institutions responsible for enforcing the principle of equality between men and women

34. In the domestic sphere, the office of ombudsman has not yet been instituted. In 1995, at the initiative of the Vice-President of the Republic, a bill on the establishment of the institution of Ombudsman was submitted to the legislature.

Initiatives for the establishment of an office of Ombudsman

35. In 1995, the executive branch submitted to the national legislature, for its consideration, a bill establishing the office of Ombudsman.

36. This bill, taking into account comparative law and the effectiveness of the work of this institution in other parts of the world, would grant the Ombudsman broad powers to receive and process complaints of acts, circumstances or omissions that represent an illegitimate, irregular, abusive, arbitrary, discriminatory, negligent, seriously inappropriate or ineffective use of public authority.

37. In the same spirit, the departmental executive authority of the country's capital[1] submitted for consideration by the Departmental Board a draft decree on the establishment of an office of community ombudsman, which would receive and process complaints concerning any of the services provided directly or indirectly by the departmental government, regardless of the legal nature of such service provision.

38. The primary aim of both initiatives is to widen the sphere of legal protection and oversight for persons under these jurisdictions by establishing a comprehensive system for ensuring that human rights and freedoms cannot be affected by government actions.

The protection of human rights in Uruguay and mechanisms for such protection

39. The Constitution of the Republic, in its enumeration of principles, establishes the following as fundamental human rights:

- Article 7: "The inhabitants of the Republic have the right of protection in the enjoyment of life, honour, liberty, security, labour and property. No one may be deprived of these rights except in conformity with laws which may be enacted for reasons of general interest";
- Article 8: "All persons are equal before the law, no other distinctions being recognized among them save those of talent and virtue";
- Article 72: "The enumeration of rights, duties and guarantees made in this Constitution does not exclude others which are inherent in human beings or which are derived from a republican form of government";
- Moreover, article 332 provides that "The provisions of the present Constitution which recognize individual rights, as well as those which confer powers and impose duties on public authorities, shall not be without effect by reason of the lack of corresponding regulations, but such regulations shall be supplied on the basis of analogous laws, general principles of justice and generally accepted doctrines".

[1] The Municipal Administrator of Montevideo, Mr. Mariano Arana.

40. In 1991, regulations were issued with respect to the remedy of *amparo* established by Act No. 16,011, which provides that application for *amparo* may be made with respect to any act, omission or circumstance of State or parastatal authorities or of individuals of which the actual or imminent effect is to damage, restrict, alter or threaten in a manifestly illegal fashion any of the rights or freedoms expressly or implicitly recognized in the Constitution.

41. Any woman who believes that her right to equality has been affected may apply for the above-mentioned remedy. Although no such actions have yet been brought, it should be noted that, in specific areas of labour and civil law, cases of alleged discrimination against women are examined by the judicial authorities and, if verified, may give rise to such pecuniary damages as may correspond to the wrongful act in question.

Methods used to promote and guarantee women's full advancement, with the aim of guaranteeing the exercise and enjoyment of human rights in all areas

42. As noted earlier, Uruguay has a comprehensive legal framework which guarantees full equality between men and women.

43. The following are among the methods and mechanisms used to promote de facto equality:

(1) *Measures to establish and to encourage the establishment of child-care networks*

44. The gradual increase in the number of women in the workforce in recent decades has given rise to the need for pre-school education services.

45. In 1991, there were a total of 1,402 public and private child-care establishments in the country. Of these, 1,011 were located in the country's urban capital of Montevideo alone.

46. In 1996, the authorities began the process of instituting a comprehensive education reform, one of whose priority aims is the universalization of public pre-school education.

47. An education reform introduced in 1995 made school attendance mandatory for children aged four and over. The lowering of the age of entry into the education system has given women more time to devote to their occupation, employment or profession. In addition, child-care centres represent an alternative service that contributes to efforts to enhance women's development.

(2) *Specific programmes for women's development*

48. Both the central Government and the municipal and departmental authorities of the country's urban and rural areas (departments of Cerro Largo, Rivera and Canelones) have established technical and administrative units to promote women's integration at all levels within each department.

49. In the non-governmental sphere, organizations that deal with women's issues play an important role. Of the 114 registered organizations, 17 work exclusively on issues concerning the status of women.

(3) *Initiatives to prevent domestic violence*

50. Despite the high educational level of the average Uruguayan and the high average rates at which basic needs are being met, the problem of violence against women began to be recognized in 1985.

51. Subsequently, the first Police Station for the Protection of Women was established for the Department of Montevideo. This institution, whose duties are clearly within the sphere of law enforcement, is responsible for investigating and elucidating acts of violence perpetrated against women; identifying and detecting the perpetrators; and bringing them to justice.

52. Since that time, the network of women's police stations or offices has been extended to some departments in urban and rural areas of the country's interior, which have established their own women's police stations.

53. The implementation of enforcement measures and the actions of the relevant entities themselves required that the strategy for combating violence against women should be redefined, with the encouragement of more coordination between the actions of civil society, operating through women's organizations, and those of the State.

54. Today, measures to detect and reduce this type of violence have been diversified, and a containment network has been established consisting of government institutions and non-governmental organizations working towards similar aims.

(4) *Differentiation of women's health priorities: the recognition of women's specific health-related identity and the need to safeguard it*

55. In 1990, the Ministry of Public Health identified 12 priority health problems, chosen on the basis of magnitude, trends, vulnerability and social relevance.

56. Within the programmes and subprogrammes on these issues, the situation of women is addressed in the following areas:

- The Coordinating Unit for the Promotion of Maternal and Child Health carries out programmes on:
- Poorly monitored pregnancy and childbirth;
- Oral health;
- Ocular health.

57. The target population of the maternal and child health programme consists of some 785,000 children between the ages of 0 and 14, who represent 27 per cent of the country's total population, with some 55,000 births per year, and 613,000 women between the ages of 15 and 44, of whom 88 per cent live in urban areas.

Priority programme on sexually transmitted diseases and acquired immunodeficiency syndrome (AIDS)

58. This priority was identified on the basis of the number of women (369) infected with human immunodeficiency virus (HIV) and on the fact that, in 67.9 per cent of the cases detected, the virus was transmitted sexually.

Coordinating Unit for the Promotion of Adult Health — Priority Programme on Breast Cancer

59. According to government studies, breast cancer represents 9 per cent of all cases of neoplasia suffered by women. This means that its incidence in Uruguay is more than four times the global average, or 112.6 per 100,000 women.

(5) *The gender perspective in education*

60. The progressive incorporation of the gender perspective into education has contributed to the implementation of specific measures to ensure full equality between men and women.

Implementation of the Convention in the domestic sphere

61. With respect to the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, the current Constitution does not contain any explicit provision that settles the question of whether national or international provisions take precedence. In the absence of such a provision, this problem has been resolved on the basis of legal doctrine. The majority of national experts consider that international treaties which have been ratified and which are in force in Uruguay have a hierarchical ranking equal to that of ordinary law. The premises on which this conclusion is based are related to the manner in which international treaties are approved in the domestic sphere.

62. Treaties signed by the State through its agents are subject to approval by the legislative branch of government. Pursuant to article 85, paragraph 7, of the 1967 Constitution, the legislative branch is empowered: "To declare war and to approve or disapprove, by an absolute majority of the full membership of both chambers, the treaties of peace, alliance, commerce and conventions or contracts of any nature which the Executive Power may make with foreign Powers".

63. Accordingly, treaties which have been signed cannot enter into force in the domestic sphere unless they are approved by the legislative body. The act by which a treaty is approved has the same legal nature as any other law. It has therefore been affirmed that the laws by which treaties are approved have no other character but that of an ordinary law. This means that the provisions contained in treaties are ranked below those contained in the Constitution. Once ratified, international instruments are implemented by national authorities as mandatory domestic regulations.

Report on substantive provisions

Article 1
Equality of women

Constitutional equality

64. There are no legal distinctions, exclusions or restrictions based on sex.

65. Article 7 of the Constitution provides that "The inhabitants of the Republic have the right of protection in the enjoyment of life, honour, liberty, security, labour and property. No one may be deprived of these rights except in conformity with laws which may be enacted for reasons of general interest".

66. Article 8 provides that "All persons are equal before the law, no other distinctions being recognized among them save those of talent and virtue".

Civil equality

67. Since the enactment of Law No. 10,783 of 1946, men and women have enjoyed equal civil capacity.

68. Women are free to administer and dispose of their own property irrespective of their marital status.

69. During marriage, unless otherwise expressly agreed in advance, all property is deemed to be part of the assets of the common marital estate and is administered separately and without distinction.

70. At any time, either or both of the spouses may, without specifying the reason, request that the common marital estate be dissolved and liquidated.

71. When this procedure is initiated, creditors are notified by public summons to appear to present their claims. Those who do not appear in time may take legal action only in respect of the property of the debtor spouse.

Equality in family matters

72. As specified in article 10 of the above-mentioned law, both spouses are obligated to contribute to household expenses, in proportion to their economic means.

73. In relation to children, parental authority is exercised jointly by both parents, subject, of course, to any judicial decisions which may for just cause have abolished, suspended or limited the exercise of such authority by either of them. In fulfilling the duty of supervision, either spouse may apply to a judge to prevent or correct acts or conduct of the other spouse which the former considers to be harmful to the person or property of the children.

74. A widowed or divorced woman who remarries continues to exercise parental authority, guardianship or custody and continues to administer her children's property completely independently of the new spouse.

75. After divorce, the former husband remains obligated to contribute to the appropriate and decent maintenance of his former wife, if she is not to blame for the separation, by means of alimony payments determined on the basis of the former husband's means and the former wife's needs. Such alimony must enable the woman to maintain the standard of living she enjoyed during marriage. In cases of indigence, the alimony obligation is reciprocal between the former spouses.

Equality in the political, economic and social spheres

76. Despite efforts to ensure women's full equality, specific areas of discrimination persist and must be redressed in order to consolidate this equality.

(1) *Women's underrepresentation in positions of power*

77. Until 1966, more men than women were registered to participate in elections as either voters or candidates.

78. In 1971, female voters outnumbered male voters in the country's capital. Since 1984, this numerical superiority has characterized the entire country.

79. Women's participation in the Government has continued to grow in proportion to the growth rates recorded in past decades, but women are still underrepresented.

80. *Women's participation in parliamentary assemblies*

	Chamber of Deputies			*Senate*		
Year	*Total*	*Regular members*	*Alternates*	*Total*	*Regular members*	*Alternates*
1943	99	2	0	30	1	2
1963	99	3	1	30	1	0
1985	99	0	7	30	0	1
1997	99	7	49	30	2	6

81. *Women's participation in the executive branch*

Posts	*Total*	*1995*	*Women (%)*
President	1	0	0
Vice-President	1	0	0
Ministers	13	1	7.70
Under-Secretaries	13	0	7.70
Governors	19	0	0
Autonomous entities	12	1	8.30
Decentralized services	4	1	25.00

82. *Women's participation in judicial posts*

Posts	*Total*	*Women (%)*
Supreme Court members	5	0
Appeals Courts members	43	16
Judges of courts of first instance in Montevideo	85	5.1
Judges of courts of first instance in the interior	74	55
Magistrates in Montevideo	42	86
Magistrates in the interior	205	37

83. *Women's participation in Departmental Boards: regular members*

Year	*Montevideo*	*Percentage*	*Interior*	*Percentage*	*Total*
1963	3	9.70	22	3.90	4.20
1985	3	9.70	28	5.00	5.30
1995-1997	7	22.60	74	13.30	13.80

84. *Women in governing bodies of trade unions*

National Labour Confederation (PIT-CNT)	*Both sexes*	*Women*	*Women (%)*
Executive Secretariat	17	3	17.60
Governing Board	42	5	11.90

Economic and social sphere

85. Rates of labour-market participation by heads of household, disaggregated by income level and sex, show that most gainfully employed women heads of household are in the first and fifth per-capita income quintiles (46 per cent in the first quintile and 38 per cent in the fifth quintile).

86. The growth of women's participation has been the most significant feature of workforce trends in recent years. Currently, some 45.5 per cent of women (one out of two) aged 15 or over are gainfully employed, and women represent 42.4 per cent of the country's economically active population (EAP).

87. Although the number of women of working age in the urban capital is similar to the number in other urban areas of the country, there are 45,000 more working women in Montevideo than in the country's interior.

88. Trends in women's economic activity rates show an increase of 4 percentage points over the past decade.

89. *Economic activity rate, by sex and year*

Year	*Total*	*Women*	*Men*
1987	54.1	39.4	72.1
1997	58.2	45.5	73.1

90. Over the past 10 years, the employment rate has risen from 32.6 per cent to 40.1 per cent for women, while the level for men has increased by only about 4 per cent, from 64.5 per cent to 68 per cent.

91. One of the most striking features of women's incorporation into the workforce is the fact that they enter the labour market with higher levels of education than men.

92. Some 19.3 per cent of gainfully employed women have completed tertiary education. This is twice the proportion of men who have this level of education. This difference is observed both in the country's interior and in the urban area of the capital.

93. *Specific rates of women's economic activity, by level of education*

Level of education	*Economic activity rate*
No education	11.30 per cent
Primary, incomplete	24.40 per cent
Primary, complete	35.50 per cent
Secondary, incomplete	45.40 per cent
Secondary, complete	71.10 per cent
Technical education	59.80 per cent
Teacher training	64.60 per cent
University education	73.00 per cent

94. *Distribution of the employed population, by sex and level of education*

Level	*Women*	*Men*	*Total*	*Women*	*Men*
Total	**100**	**100**	**100**	**41.1**	**58.9**
No education	0.9	38	100	42.7	57.3
Primary	30.4	33.1	100	35.9	64.1
Secondary	39.3	16.9	100	45.3	54.7
Technical	8.5	16.9	100	26	73.9
Tertiary	20.6	10.9	100	56.9	43.1

95. Women represent the majority of workers in the area of personal services (69.7 per cent of the total) and in professional and technical fields (62 per cent of the total). Only one out of every four managers is a woman.

96. *Percentage distribution of the employed population, by occupation and sex*

Occupation	*Women*	*Men*	*Total*	*Women*	*Men*
Professionals and technicians	18.3	8	100	61.6	38.4
Managers	1.4	4	100	20.1	79.9
Office workers	18.8	11.7	100	52.9	47.1
Business persons	15.6	13	100	45.7	54.3
Agricultural workers	1.3	6.7	100	11.6	88.4
Drivers	0.2	7.1	100	2.2	97.8
Manual or factory workers	13.5	38	100	19.9	80.1
Personal services	30.7	9.3	100	69.7	30.3
Total employed population	**100**	**100**	**100**	**41.1**	**58.9**

Article 2
Guarantees against discrimination

97. The Eastern Republic of Uruguay condemns discrimination against women and pursues a policy aimed at eliminating the underlying discrimination that persists in certain areas.

98. As already noted in earlier reports to the Committee and in the present report, Uruguay's legal order lays down explicit rules guaranteeing full legal equality between men and women. The main legal texts governing this matter are described below.

Civil and political rights

99. A. Political participation

Right to vote:

In 1932, women were given the right to vote.

In 1938, women voted for the first time.

Right to be elected: Article 77 of the Constitution guarantees that all citizens, without discrimination, may be elected to any public office, except when citizenship has been suspended.

Right to legal citizenship: Article 75 provides that the following have the right to legal citizenship:

A. Men and women of good conduct who have a family within the Republic, possess some capital or property in the country or are engaged in some profession, art or industry, and have resided habitually in the Republic for three years;

B. Foreign men and women without families in the Republic who possess any of the qualifications mentioned in the preceding paragraph and who have resided habitually in the country for five years;

C. Foreign men and women who are granted special treatment by the General Assembly for noteworthy services or outstanding merit.

100. B. Right to nationality

Article 74 of the Constitution states that all men and women born within the territory of the Republic are Uruguayan, as are children of Uruguayan fathers or mothers, whatever their place of birth.

101. C. Right to equality and non-discrimination

Full civil capacity (article 1 of Act No. 10,783 of 1943)

Separate property regime (article 2 of Act No. 10,783)

Divorce may be granted on the petition of the wife alone.

Economic, social and cultural rights

102. A. Protection in the workplace

Article 54, paragraph 2, of the Constitution guarantees that women's work shall be regulated and limited by law.

Act No. 5,032 of 1914 prohibits the employment of minors and women for the cleaning or repair of motors in operation or dangerous machinery.

Act No. 6,102 of 1918, popularly known as the "Chair Act", obliges all employers to provide chairs so that women may be seated in all establishments where they are employed.

103. B. Protection of motherhood

Since 1937, women workers have been entitled to six weeks' leave before and after giving birth.

Women cannot be dismissed during their pregnancy or post-childbirth leave (Act No. 11,577). Employers who fail to comply with this provision must pay an amount equivalent to six months' salary in addition to the regular compensation for dismissal.

Women working in the public sector are allowed to work half-time while they are breastfeeding (art. 2 of Decree No. 641/73).

104. C. Equal pay for equal work

Act No. 10,045 of 1989 prohibits discrimination which violates the principle of sexual equality in all aspects of work. The regulations implementing that Act were promulgated in February 1997 by Decree No. 37, which establishes various safeguards against sexual discrimination, fosters inter-agency coordination and facilitates access to protection and monitoring facilities for the government employees concerned. The decree prohibits any violation of the principle of sexual equality in respect of employment in the public or private sectors. Sexual discrimination is prohibited in all means of access to the labour market; consequently, gender-based requirements cannot be directly or indirectly established in vacancy notices or in the selection and appointment of personnel. Article 3 of the aforementioned regulations states that the criteria applied for the purposes of productivity ratings, access to occupational and technical retraining, training, promotion and remuneration must not be gender-based. Any limitation on tenure in a post or employment and any suspension or dismissal which discriminates on the basis of gender is declared illegal; such offences are considered more serious if the motive is a change in civil status, pregnancy or breastfeeding.

The decree states that sexual harassment which occurs in the workplace or is work-related is a serious form of discrimination; such harassment is defined as any unwanted sexual conduct, proposal, gesture or contact that is actually or potentially prejudicial to the woman concerned as regards her employment.

The reservation of certain jobs for persons of a specific sex is declared to be "non-discriminatory" when it is essential for the performance of tasks or activities forming an inherent part of the job or when it is based on international labour conventions ratified by Uruguay.

Any decision taken by an employer to promote equal opportunities and treatment for both sexes in specific cases of inequality is not considered discriminatory.

Administrative machinery for reporting of sexual discrimination

105. Victims of sexual discrimination can initiate administrative proceedings by submitting a complaint, as well as seeking redress by judicial means.

106. The complaint will be sent to the General Inspectorate of Labour and Social Security, a specialized technical unit within the Ministry of Labour and Social Security.

107. This office is responsible for imposing administrative and financial penalties on those who fail to comply with the rules prohibiting sexual discrimination.

Machinery for the dissemination of information aimed at preventing sexual discrimination

108. Lastly, Decree No. 37/97 established the Inter-Agency Commission, composed of representatives of the Inspectorate General of Labour, the National Employment Bureau, the National Institute for Family and Women's Affairs, and the National Public Administration.

109. The Commission's functions are to:

- Implement educational campaigns aimed first, at promoting interest in, and understanding of, the rights of working women, and the dissemination of information about those rights, with a view to making women and employers aware of the problems involved and second, at removing the obstacles to optimum use of the abilities of all workers, irrespective of gender.
- Propose, coordinate and evaluate programmes supporting the aforementioned aims, so as to provide workers with greater protection against sexual discrimination.

110. The Commission may co-opt representatives of workers and employers and of the non-governmental organizations most closely involved with the implementation of the aforementioned regulations.

Protection against violence

Repression aspect of violence against women

111. Act No. 16,707 was promulgated on 12 July 1995. Known as the "Citizen Security Act", it is a law whose main outlines were discussed with all political sectors even before the current presidential term began.

112. The Act as adopted amends various provisions of the Penal Code, the Children's Code and special laws.

113. With respect to violence against women, Act No. 16,707 introduces the concept of "domestic violence" into the Uruguayan legal order.

114. In that regard, article 321 of the Penal Code states: "Any person who, as a result of prolonged violence or threats, causes one or more personal injuries to

persons to whom they are related or with whom they have or have had an emotional relationship, irrespective of the existence of any legal link, shall be liable to a penalty of 24 months' imprisonment."

115. The penalty is increased by one third to one half when the victim is a woman and the circumstances and conditions established in the previous paragraph apply.

116. The penalty is increased in the same way if the victim was under 18 years of age or suffered from diminished physical or psychological capacity owing to his age or other circumstances and was related to or lived with the aggressor.

Preventive aspect — increasing awareness and training of persons who work with victims or people at risk

117. Action aimed at preventing domestic violence is being taken at both the governmental and non-governmental levels.

118. At the governmental level, the National Institute for Family and Women's Affairs is implementing a national programme for the prevention of domestic violence.

119. One of the most interesting facets of this programme is the implementation of a plan for the training of public officials who, as part of their duties, deal with the victims of violence.

120. The first groups to benefit from this training were therefore members of the police and emergency medical services, medical students, lawyers, and municipal officials from the centres providing training on family rights and women's rights.

Assistance and treatment in cases of domestic violence

121. In April 1992, a project aimed at preventing domestic violence and providing assistance and treatment for its victims was launched under the auspices of the Ministry of the Interior.

122. An earlier step with similar aims was the establishment of the Commission for the Dissemination of Information on Women and the Family, composed of police officers who, as part of their duties, receive complaints of domestic violence, investigate cases and arrest those responsible.

123. An office has been established, which operates in three basic areas: assistance, scientific research concerning victims, and police training.

Assistance

124. The office provides primary assistance and takes primary containment action in moments of crisis. It also takes the first emergency steps to provide the victim with physical and emotional protection.

125. Secondly, a summons is issued to the aggressor, who is given the same attention as the victim, because victim and aggressor are viewed as two parties to a conflict in which each has played a specific role.

126. The office then makes an initial analysis of the situation, evaluating the risk factors and the likelihood of a recurrence.

127. On the basis of this analysis, an effort is made to resolve the conflict through mediation, before resorting to judicial action.

128. Mediation offers a possibility of social control insofar as that the protagonists agree to fulfil a contract which is drawn up after they have been consulted.

129. These steps are accompanied by parallel action based on social networks (friends, relatives, parishes, sports clubs, etc.).

130. Once the crisis has passed, the situation is carefully monitored, preferably through the support networks that have been created.

131. When mediation fails and further attacks occur, the police inform the judge that an offence has been committed, and a technical report is prepared, describing the facts of the case and the strategy devised for treating the victims.

132. The Office for Assistance to and Treatment of Victims of Domestic Violence is staffed by three psychologists and four social workers in Montevideo, and it is estimated that from 1 January to 30 July 1997 it conducted over 1,000 consultations and 300 mediations.

Scientific-victimological research

133. On the basis of the research carried out, a "study file" for the family violence phenomenon has been created in cooperation with the non-governmental organizations concerned.

134. The file is designed to facilitate the following:

(a) Detailed scientific analysis of the violence phenomenon through a detailed longitudinal study of the lives of both victim and aggressor;

(b) Follow-up to evaluate the results of social intervention strategies;

(c) Opening up of avenues of research focusing on the various ways in which violence is expressed and manifested;

(d) Planning of prevention at all levels on solid scientific bases that avoid quick, temporary solutions.

Police training

135. The main goal of police training is to create a body of personnel specializing in the reception of victims of family violence.

136. Thus far, at least two training courses have been held within the police force, covering 25 police stations in Montevideo and the interior.

Machinery for the prevention of violence used by municipal governments

137. Since 1992, the Montevideo municipal government has been operating a permanent telephone service to assist women who are victims of violence.

Calls to the Service by problem and type of violence
1995-1996

Total calls	9,761	100%
Physical maltreatment		91.60%
Non-domestic maltreatment		6.80%
Sexual abuse		1.60%
Total calls	9,429	100%
Threats		17.10%
Abusive conduct/battering		70.10%
Threats and abusive conduct		12.80%

138. About 92 per cent of the calls providing information mentioned domestic violence and about 83 per cent concerned physical maltreatment, beatings, abusive conduct and expulsion from the home.

Distribution of cases of violence handled, by woman's educational level

Educational level	
Primary, incomplete	11%
Primary, complete	25%
Secondary, incomplete	17%
Secondary, complete	13%
Trade College of Uruguay (UTU), incomplete	2%
Trade College of Uruguay (UTU), complete	9%
University, incomplete	8%
University, complete	6%

Distribution of cases of violence handled, by income level

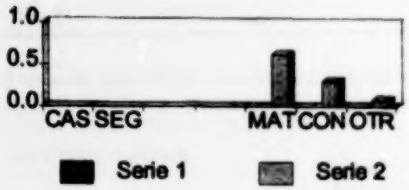
Income level	
Unemployed	27%
Under 1 NMW	9%
1-2 NMW	11%
2-4 NMW	20%
4-6 NMW	22%
Over 6 NMW	11%

NMW = National Minimum Wage, equivalent to US$ 100

Distribution of cases of violence handled, by age group of victim and aggressor

Age group	*Victim*	*Aggressor*
Under 30	31%	21%
30-45	43%	44%
Over 45	36%	35%

Violence and relationship

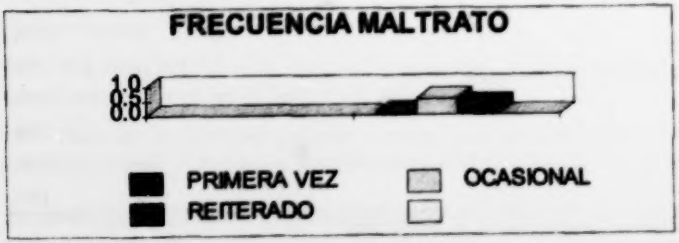


(MAR) Marriage: 62%
(CON) Cohabitation: 30%
(OTH) Other: 8%

Distribution of cases, by triggering factor

Alcoholic	48%
Battering father	36%
Unemployed	12%
Drug addict	4%

Frequency of maltreatment



Support services for minors who are victims or witnesses of violence

139. Within the Office of Technical Assistance, other support services have been established for minors who are victims or witnesses of violence. These services include a games room and a care and recreation area for children.

140. The care and recreation area, which receives community support through a fund-raising campaign, contains a library, educational games and television, and is

designed to accommodate children who were present when their mothers were subjected to violence.

141. A videotaping area for children who are victims of violence is expected to open soon. It is modelled on a similar area in the Minnesota Children's Hospital in the United States of America. It consists of two rooms separated by a one-way mirror that makes it possible to videotape interviews with children who have been sexually abused. Such interviews are conducted so that the child will not be victimized once again during the police and judicial procedures.

Uruguay's international position and accession to international instruments combating violence against women

142. Uruguay participates actively in the international forums where women's issues are discussed. Recently, through Act No. 16,735 of 5 January 1996, Uruguay ratified the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, adopted on 9 June 1994 in Belém do Pará, Brazil, as part of the inter-American system of the Organization of American States (OAS) for the protection of human rights.

Article 3

143. Any new legislation adopted to promote the full development and the advancement of women is publicized in an annual report issued by the National Institute for Family and Women's Affairs.

144. However, it must be recognized that suggestions made to modify or remedy gender inequalities are nothing more than recommendations without binding force on government authorities.

Article 5

145. Constitutionally, both parents have identical responsibilities in the rearing and education of their children. In practice, a poll taken by the National Statistical Institute shows that most women (64 per cent) consider that the husband devotes half or less than half the time that the wife does to the care of the household and the children.

146. Approximately 15 per cent of the women interviewed stated that the husband devoted between 50 and 75 per cent of the time they themselves did to the household. About 17 per cent of those polled believed that the husband devoted the same about of time as they did.

147. Seventy-four per cent of the women said that they performed household chores and took care of their children's physical needs (bathing, feeding, etc.) without the help of their husbands, and only 26 per cent received any kind of help. The National Institute for Family and Women's Affairs has been working intensively on the question of domestic violence. In the course of 1997, it held three workshops for officials of the Ministry of the Interior, one international seminar open to those active in the field, and also three workshops for journalists and one round-table discussion.

Distribution of household chores between spouses

Frequency of egalitarianism within the home

	Frequency	*Percentage*	*Cumulative percentage*
Husband devotes less than 25 per cent of time spent by wife	204	27.9	27.9
Husband spends half the time	263	36.0	64.0
Husband spends 50 to 75 per cent of the time	113	15.5	79.5
Husband spends the same amount of time	122	16.7	96.2

Frequency of egalitarianism within the home based on performance of child-related tasks by both spouses or only by the women surveyed

	Frequency	*Percentage*	*Cumulative percentage*
Husband and wife together	224	27.9	27.9
Done by the wife without the husband's help	482	60.3	88.2
Done by the wife without any help	94	11.8	100

148. The double workday is a reality for all women who have jobs. A total of approximately 17 hours are worked daily inside and outside the home.

Average number of hours devoted to household and child-related tasks by women and their husbands, based on woman's working status and socio-occupational stratum

	Average number of hours spent	
	Woman	*Man*
Woman's working status		
Working outside the home	8.7	5.5
Working in the home	15.8	5.1
Non-working	15.7	4.9
Woman's occupational stratum		
High	9.5	6.2
Upper-middle	9.1	5.2
Middle	9	5.2
Lower-middle	9.7	5.6
Low	10.4	5.8

Article 7
Exploitation of women

149. It has been an offence under Uruguay's criminal law since 1927 to exploit the prostitution of another.

150. Article 1 of the Act on Procuring, as amended in 1995, provides:

"Any person of either sex who exploits the prostitution of another, by abetting it in any manner for the purpose of profit, even with the consent of the victim, shall be subject to two to eight years of imprisonment".

151. Under article 2 of the Act, "the minimum penalty shall be four years of imprisonment if the victim is under the age of 18 or the offender is a police officer, if the act occurs as a result of deception, violence, threat of serious harm or abuse of authority, or if the agent is a direct ascendant, husband, brother, guardian or custodian of the victim or lives conjugally with the victim".

152. In Uruguay, prostitutes are unionized and are members of the Single Central Union of Workers.

153. According to estimates by the Association of Public Prostitutes of Uruguay (AMEPU), about 10,000 persons are engaged in prostitution in the country. During 1993, this trade union worked in close conjunction with the Department of Forensic Medicine of the Faculty of Medicine and with representatives of the national and department governments and the main non-governmental human rights organizations to draft two bills that would resolve some of the urgent problems faced by prostitutes.

154. Among the proposed initiatives are the establishment of clear health guidelines and the registration of sex workers as self-employed in order to allow them to join the social security system and become eligible for its benefits.

155. These proposals are under consideration in the National Parliament and have not yet been approved.

HIV/AIDS

156. Between 1983 and 1998, a total of 2,499 cases of HIV infection were reported. Men accounted for 74 per cent of these cases and women, 26 per cent. Over the same period, 1,033 cases of AIDS were reported, which resulted in 561 deaths. The most recent studies estimate the number of cases of HIV infection at 7,200. In Uruguay, sexual transmission is the chief means of contagion, accounting for 67 per cent of cases; within this category, heterosexual activity accounts for 49.6 per cent, homosexual activity for 26 per cent and bisexual activity for 16 per cent. Only 5.7 per cent of HIV cases and 4.5 per cent of AIDS cases are attributable to female prostitution.

157. It is possible to trace the evolution of the infection by comparing AIDS figures to HIV figures. The AIDS figures reveal the patterns of HIV infection in the past (nearly 10 years ago). They show a decline in the percentage of cases among homosexuals and bisexuals and an increase in the percentage of cases among heterosexuals and sex workers, although, in the latter case, the increase seems to be minor.

Transmission through sexual activity: percentage of cases, by sexual orientation

	AIDS	*HIV*
Homosexuals	37.1	26
Bisexuals	25.1	16
Heterosexuals	32.9	49.6
Sex workers	4.5	5.7

158. The measures taken to reduce the impact of AIDS in Uruguay include publicity and consciousness-raising campaigns about AIDS, a focus on the sectors most at risk, active epidemiological monitoring, mandatory testing of all blood products and products of human derivation, and free medical care offered in two centres set up for the purpose.

Article 8
Participation

Staffing table for Ministry of Foreign Affairs, by sex and post

Post	*Men*	*Women*	*Total*
Ambassador	16	1	17
Minister	20	4	24
Minister Counsellor	19	8	27
Counsellor	25	13	38

159. Entry into the Foreign Service, except for the posts considered to be within the purview of the executive branch, is possible only from the Third Secretary level, that is, through the lower rank of the staffing table of the Ministry of Foreign Affairs.

160. Candidates for Third Secretary posts are selected by elimination in a competitive examination open to nationals up to the age of 35 who have completed the advanced secondary-school course.

161. The competition is announced publicly in newspapers with a national circulation. A panel of judges appointed for the purpose, comprising university professors and leading figures chosen especially for their particular competence in international affairs, evaluates the merits of the applicants.

162. The Ministry of Foreign Affairs offers the candidates who have obtained the required marks a six-month contract renewable for a further six months. During this time the probationary appointees follow training courses given by the Ministry itself, take tests and examinations, and work in the various departments for up to 15 hours a week.

163. After the probationary year, they are appointed to Third Secretary posts against budgeted vacancies.

164. With the establishment of an open competition by examination, there has been an appreciable increase in the number of women in the lower ranks of the diplomatic foreign service. This holds out prospects for an eventual gender balance in high-ranking diplomatic service posts.

165. At the present time, no woman holds any of the four highest posts (Minister, Under-Secretary, Head of Department). Nevertheless, it should be noted that there has been an extremely rapid increase in recent years in the responsibilities assigned to women, in departments with particular visibility because of the area administered or because of a given bilateral or technical feature.

166. The following departments, among others, are headed by women: the Department of Treaties and Borders, Department of the Environment, Department of Multilateral Affairs, Department of Integration, Department of Legal Affairs, Department of International Law, and Department of Foreign Trade.

Legal status of spouses

167. Diplomatic service personnel married to each other may simultaneously hold posts abroad in the same country, provided that neither of the posts reports directly to the other.

168. When one spouse is assigned to a permanent post abroad, the other may request special permission to accompany that spouse in the performance of his or her duties. The special permission shall be granted for the period during which the assigned spouse holds that post and may be authorized only once for each spouse.

Article 9
Women and nationality

169. The Constitution of Uruguay does not use the term nationality, but rather citizenship. All persons, men and women alike, born in the territory of the Republic are recognized as citizens. Likewise, children of a Uruguayan father or mother are natural citizens, regardless of where they were born, once they are entered into the civil register.

170. The current Constitution provides as follows: "The citizens of the Eastern Republic of Uruguay are natural or legal" (art. 73). "All men or women born anywhere within the territory of the Republic are natural citizens. The children of a Uruguayan father or mother, wherever their place of birth, also become natural citizens by virtue of their establishing residence in the country and enrolling in the civil register" (art. 74).

171. Our constitutional law has thus opted for *jus sanguinis*.

172. This led to the adoption of Act No. 16,021 of 4 April 1989, interpreting articles 74 and 75 of the Constitution and introducing into domestic law the status of a national. Article 1 of the Act provides: "[omission]

173. Another category of citizens is that of legal citizens. These are foreigners who have become naturalized Uruguayans, that is, who have completed the formalities required by law to obtain citizenship papers.

174. According to article 75 of the Constitution:

> "The following have the right to legal citizenship:
>
> "(a) Alien men and women of good conduct, who have families in the Republic, who possess some capital or property in the country or who are engaged in some profession, craft or industry, and have resided habitually in the Republic for three years;
>
> "(b) Alien men and women of good conduct, without families in the Republic, who possess any of the qualifications mentioned in the preceding paragraph and have resided habitually in the country for five years;
>
> "(c) Alien men and women who obtain a special courtesy from the General Assembly for noteworthy services or outstanding merit.
>
> "Proof of residence must be based on a public or private document of proven date.

"The rights appertaining to legal citizenship may not be exercised by the aliens referred to in paragraphs (a) and (b) until three years after the issuance of their respective citizenship papers.

"The existence of any of the grounds for suspension referred to in article 80 shall bar the granting of citizenship papers."

175. From a gender perspective, it should be noted that ever since the adoption of the country's second Constitution in 1918, the texts concerning citizenship (arts. 74 and 75) refer to both men and women, thus ensuring them equal rights in terms of nationality and citizenship.

Loss of nationality

176. Nationality, or natural citizenship, is not lost even if one is naturalized in another country. In other words, Uruguay allows dual nationality for its citizens.

177. In practice, the very configuration of our national identity, built up by the successive floods of immigrants that came to the country over the last two centuries, makes for a very high percentage of Uruguayans who, in addition to Uruguayan nationality, hold Spanish or Italian citizenship.

178. According to article 81 of the Constitution, "nationality is not lost even in the event of naturalization in another country, the only requirement for recovery of the exercise of the rights of citizenship being the establishment of residence in the Republic and enrolment in the civil register. Legal citizenship is lost as a result of any other form of subsequent naturalization".

Article 10
Equal access to education

179. For more than a century, a set of values has served as the underpinning of the educational system in Uruguay. Universal school enrolment and the integration of education into all sectors of the country's society, a secular approach that promotes a non-dogmatic, critical attitude in students and the freedom and autonomy of teachers are the basic principles of education in Uruguay. Furthermore, they are constitutionally protected. The Constitution in force since 1967 recognizes education as one of the priority human rights by guaranteeing freedom of education, including the right to teach, the right to learn and the right to establish and organize institutions of learning. Compulsory primary and secondary schooling is free of charge, as are agricultural and industrial training and higher education, and this is the pillar on which the country's entire educational system rests.

Uruguayan education free of charge at all levels

180. (a) Public primary education is free of charge and compulsory.

181. The compulsory portion comprises six years of basic education and three of secondary education. Of the total number of children who enter the educational system, 74 per cent attend public school in Uruguay, the remainder having chosen private education. Official figures show that 98.9 per cent of children aged 11 have graduated from primary school.

182. According to data from the United Nations Educational, Scientific and Cultural Organization (UNESCO), Uruguay had a school enrolment rate of 92 per cent in 1986, ranking fifth in the continent.

183. (b) Secondary schools are also free of charge and take in young people from the upper, middle and lower classes. Secondary school enrolment has risen constantly since the return of democracy. Currently, 90 per cent of young people from the ages of 13 to 15 are enrolled in the unified basic secondary school course of study, a figure now approaching full coverage. Enrolment is stationary because virtually full coverage has been achieved and the country's population growth is practically zero.

184. (c) University education is also free of charge. Up to 1986, higher education was an absolute State monopoly. In that year, the establishment of the country's first private university, the Catholic University of Uruguay, was authorized.

185. (d) Appropriate information and guidance on the various courses of study are offered by the different university departments.

186. *The right to education, a right achieved.*

187. There is no difficulty in ensuring the right to education in Uruguay. Nevertheless, there is general public agreement that the educational system must be overhauled to adapt it to the new demands of today's world.

188. Training children and young people in the uses of technology is a major element in their education and the challenge must be met if Uruguay is to reduce the educational lag with respect to the developed countries, and maintain the standard of competitiveness of its trained manpower.

189. (a) *The achievement of the right to higher education, by sex.*

All three levels of education offer co-educational instruction.

Number of pupils per educational sector

Pre-school education	69 464
Primary education	341 197
Secondary education	183 470
Technical education	56 788
University education	62 026
Total	**712 945**

(b) *Specific difficulties*

190. The main problem in Uruguay is not to make education generally available but rather to use the system as one way of resolving social inequalities and promoting social mobility. The educational system has a very broad outreach; those not in school represent 3.5 per cent of the overall population between the ages of 6 and 11. However, problems with students repeating grades or needing remedial work and with over-age students occur in schools situated in areas where there is a greater concentration of needy households, in Montevideo and the urban interior.

191. In schools in the rural interior, performance is better, probably owing to the degree to which they have established links with the community. The State has tried to redesign the school model to make provision for remedial work while at the same time not falling into the trap of discrimination by creating "schools for the poor". Experiments with "full-time" schools, where meals are served in addition to classes being taught, have been set up in 12 school sites. The 12 schools are situated in areas where there is a high concentration of needy households. The full-time school represents an educational alternative providing a closer link between the educational institution and the social environment to which the pupil belongs, and offering educational programmes that aim at the development of the entire child and the family's participation in the process of learning.

192. *Statistics on access to education, by sex*

Changes in literacy rate for population over age 10, by sex and geographical area

Area	*Total*	*Men*	*Women*
Country total			
1963	10.5	10.3	10.7
1985	4.3	4.7	3.8
Urban area			
1963	8.9	8.1	9.7
1985	3.7	3.8	3.6
Rural area			
1963	17.3	18.1	16.3
1985	8.0	9.7	5.7

Source: Calculations based on data from 1963 and 1985 censuses.

Illiterate population above the age of 10 and illiteracy rate, by geographic region and sex

		Illiterate population				
Area and sex	*Total*	*Percentage*	*Urban*	*Percentage*	*Rural*	*Percentage*
Country total	**103 039**	4.3	78 297	3.7	24 742	8.0
Montevideo	**25 584**	2.3	23 306	2.2	2 278	5.1
Interior	**77 455**	5.9	54 991	5.2	22 464	8.6
Men						
Country total	**55 419**	4.7	37 767	3.8	17 652	9.7
Montevideo	**10 746**	2.1	9 468	2.0	1 278	5.5
Interior	**44 673**	6.7	28 299	5.6	16 374	10.3
Women						
Country total	**47 620**	3.8	40 530	3.6	7 090	5.7
Montevideo	**14 838**	2.5	13 838	2.4	1 000	4.6
Interior	**32 782**	5.0	26 692	4.8	6 090	5.9

Source: Based on information from sixth population census.

Illiteracy rate, by sex, age group and area

Area and age group	Illiteracy rate		
	Total	Men	Women
Total	**4.3**	**4.8**	**3.8**
10-19	**1.3**	1.6	1.0
20-29	**1.55**	2.0	1.1
30-39	**2.32**	3.0	1.7
40-49	**3.38**	4.3	2.6
50 and above	**8.9**	9.7	8.2
Urban	**3.7**	3.8	3.6
10-19	**1.2**	1.4	0.9
20-29	**1.3**	1.6	1.0
30-39	**1.9**	2.3	1.5
40-49	**2.7**	3.1	2.3
50 and above	**7.8**	8.0	7.7
Rural	**8.0**	9.7	6.7
10-19	**2.0**	2.5	1.4
20-29	**3.2**	4.1	2.0
30-39	**5.2**	6.8	3.0
50 and above	**8.0**	10.0	4.9
	16.8	19.0	13.2

Source: Sixth population census and fourth household survey.

Level of education, by sex

Distribution of population over age 10, by area, sex and highest level of education reached

Level of education	Montevideo				Urban interior		
	1985 Census		1984 CHS		1985 Census		1994 CHS
	Men	Women	Men	Women	Men	Women	Men
Total	100	100	100	100	100	100	100
No schooling	2.4	3.4	1	1.8	6.6	6.8	3.2
Primary							
Incomplete	18.2	17.7	12.5	12.6	30.6	27.2	21.3
Complete	24.9	28.1	22	25.5	29	29.8	27.3
Secondary							
1st cycle	21.3	22.4	24.8	25.1	15.1	17.7	20
2nd cycle	8.3	9.3	10.9	12	5.1	7.3	9.7
Technical	13.2	6.1	14.5	6.7	10.3	5.5	13.9
University	9.9	8.4	12.7	12	2	1.5	3.2
Teaching programme	0.5	4	0.6	4.1	0.6	4	0.8
Others	1.5	0.5	1	0.2	0.7	0.3	0.6

Source: Calculations on the basis of data from 1985 population census and continuing household survey (CHS).

Distribution of urban population over age 12, by level of education, age and sex, 1994

		Level of education						
			Primary		Secondary			
Age groups	*Total*	*No schooling*	*Incomplete*	*Complete*	*1st cycle*	*2nd cycle*	*Technical*	*University*	*Teaching programme*
Men									
12 to 14	100	0.3	25.2	6.8	57.1	0	10.5	0	0
15 to 19	100	0.3	5	13.5	34.5	23.1	19.2	3.8	0.2
20 to 24	100	0.4	4.4	15.7	23.5	18.9	22.6	13.3	0.5
25 to 29	100	0.6	4.8	18.6	21.2	14.9	21.7	15.8	1.2
30 to 34	100	0.7	7.2	23.1	23	12.9	19	11.6	1.1
35 to 39	100	0.5	7.8	23.2	22.5	11.7	21.4	11.2	0.5
40 to 44	100	0.8	13.6	26	20.6	10.6	16.1	10.7	1.2
45 to 49	100	1	17.1	27.9	18.5	8.2	15.5	9.1	2.2
50 to 54	100	1.8	19.9	30.6	19.6	7.8	11.3	7.7	0.7
55 to 59	100	2.2	26.8	33.6	15.2	5.2	9.5	6.1	0.2
60 and above	100	6.6	34.4	37.7	9.6	2.7	3.5	4.1	0.7
Women									
12 to 14	100	0.3	20	5.7	69.7	0	4.1	0	0
15 to 19	100	0.1	2.8	9.9	34.6	34.1	12	5.5	0.9
20 to 24	100	0.5	2.9	12.7	22.3	25.7	10.9	20	4.6
25 to 29	100	0.6	4	18.6	23.1	17.7	10.3	18.6	6.7
30 to 34	100	0.7	5.1	19.9	28.3	16.1	8.4	15.1	6
35 to 39	100	0.8	7.2	22.9	27.3	15.7	8.7	12.1	4.8
40 to 44	100	1.3	11	28.8	22.9	12	9.1	8.2	6.6
45 to 49	100	1.2	15.5	31.2	22.3	9.2	6.3	6.6	7.6
50 to 54	100	1.5	28.7	32.5	19.8	8.2	6.3	5.9	5
55 to 59	100	3.9	24.7	38.2	14.9	5.2	5	3.4	4.7
60 and above	100	8.3	31.7	39.5	9.8	2.4	2.3	2	3.9

Source: Prepared on the basis of 1994 CHS data.

Primary education

Primary and pre-school education, by sex and region, 1994

	Pre-school education		Primary education	
Geographic area	*Men*	*Women*	*Men*	*Women*
Total	**51.5**	**52.4**	**94.9**	**95.3**
Montevideo	62.1	59.8	94.4	94.9
Urban interior	42.2	46.2	95.4	95.6

Source: Prepared on the basis of 1994 CHS data.

Intermediate education

Intermediate education (secondary and technical/vocational), by area and sex

	Intermediate education	
Area	*Men*	*Women*
Total	**61.6**	**70.4**
Montevideo	66.0	72.3
Urban interior	57.0	68.9

Source: Prepared on the basis of 1994 CHS data.

Changes in enrolment at the Trade College of Uruguay (UTU), by sex, 1970-1994

Year	*Total*	*Total*	*Men*	*Women*
	(Index 70 = 100)			
1970	100.0	100	58.9	41.1
1975	104.8	100	61.7	38.3
1980	117.6	100	62.0	
1985	150.1	100	65.6	34.4
1990	171.8	100	53.9	46.1
1992	179.6	100	55.2	44.8
1993	179.2	100	55.3	44.7
1994	168.4	100	56.2	43.8

Source: Department of Statistics, Trade college of Uruguay.

Distribution by sex of students enrolled in various technical and vocational training institutions

	Total population	
Institution	*Men*	*Women*
Total		
Production and Training Centre	52.1	47.9
Industrial Design Centre	60.7	39.3
ORT	35.4	64.6
Computer Workshop	62.5	37.5
Computer School	58.2	41.8
Military Academy	61.8	38.2
Military School	100.0	0
Naval School	100.0	0
School of Aviation	100.0	0
National Police School	100.0	0

Note: Based on data from the Statistical Yearbook on Education.

University education

Coverage of university education by region and sex, 1996

Region	*Men*	*Women*
Total	**10.9**	**15.7**
Montevideo	16.4	21.7
Urban interior	5.1	9.1

Source: Based on CHS data.

Distribution by sex and profession of students enrolled in the faculties and schools of the University of the Republic

Faculty School	*Total*	*Men*	*Women*
Agronomy	100	42.6	57.4
Architecture	100	74.5	25.5
Economic sciences	100	56.1	43.9
Law	100	35.1	64.8
Humanities	100	36.2	63.8
Medicine	100	42.1	57.9
Veterinary medicine	100	59.5	40.5
Nursing	100	6.6	93.4
Midwifery	100	0	100.0

Encouragement of women's entry into non-conventional professions

193. Since March 1997, there are eight women among the students of the School of Military Aviation. The School of Military Aviation is the last of the military schools to join the trend towards accepting applications by women for entry, a process that began with the army in 1995 and 1996. Uruguay is the third country in Latin America to include women in the training of pilots of military aircraft.

Article 11
Women and labour

(a) *Equality of women in employment*

194. As indicated in the preceding paragraphs, women make up 45 per cent of Uruguay's labour force.

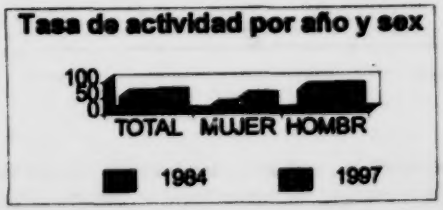
Urban female population (in thousands)

By occupational category

Category	*Total*	*Montevideo*	*Interior*
Active	555	300	254
Employed	488	264	223
Unemployed	488	264	223
Inactive	665	312	352
Students	83	40	43
Household	210	94	115
Retired	316	151	164
Independent means	6	4	2
Others	50	23	27
Minor	292	129	164

Rate of activity by sex

Year	*Total*	*Women*	*Men*
1984	54.1	19.4	72.1
1997	58.2	45.5	73.1



Rate of activity, by age group and sex

		1995		*1994*	
Age	*Total*	*Men*	*Women*	*Men*	*Women*
14-19	59.0	73.8	46.6	73.1	45.5
20-24	42.2	51.4	32.6	52.7	32.4
25-34	79.8	89.7	70.2	89.3	69.1
35-44	84.1	97.0	72.8	97.7	70.8
45-54	77.0	95.1	61.8	95.1	61.2
55-64	50.5	73.7	31.8	72.1	30.9
65 and above	11.6	19.3	6.7	16.9	6.2

Female employment in rural areas

195. Uruguay's rural population has declined, falling from 474,300 to 374,100 according to 1996 figures. This indicates that 47,000 women emigrated from the countryside during the period in question. The decline in the female population was not accompanied by a reduction in the economically active population, which remained at about 28,000. The rate of activity among females rose from 18.2 in 1975 to 23.5 in 1995.

196. The 1990 agricultural and stockbreeding census showed that some 29,233 women worked on farms of one or more hectares, a figure that has declined as compared with the 31,511 women who were working on such farms in 1980.

197. Officially, the statistics show that the rural female population has fallen by 7 percentage points in a decade.

Number of persons living and working on agricultural and stockbreeding farms, by sex, age and year (in thousands)

	Living		*Working*	
Sex and age	*1996*	*1980*	*1996*	*1980*
Women	86	111	29	31
14 and over	65	84	38	29
Under 14	21	27	1	2
Men	127	153	111	128
14 and over	103	123	103	124
Under 14	24	30	3	4

Source: Agricultural and stockbreeding census.

Rural women and land tenure

198. More than half of the women who work in rural areas are between 35 and 64 years of age and are members of the family owning the agricultural or stockbreeding farm on which they reside. A majority of the female workers share in the legal proprietorship of the land on which the farm is situated.

Working female population, by age group and form of land holding (in thousands)

Age	*Farm worker*	*Producer*	*Individual*
14 to 34	10.9	7.8	3.1
35 to 64	15.6	13	2.6
65 and over	1.4	1.4	1.2

Women and land

Form of holding	*No. of women*
Total	**29.2**
Proprietors	16.9
Renters	4.5
Sharecroppers	0.2
Squatters	1.3
Others	6.4

Unemployment

199. Unemployment affects women more than men. While 10.2 per cent of the economically active population is unemployed, the rate of unemployment among economically active women is 12.1 per cent.

Share in the unemployment rate

Sex	*Share*
Total	**10.2**
Women	6.1
Men	4.1

Rate of female unemployment by age group and area (%)

Age	*Total*	*Montevideo*	*Interior*
14-19	43.1	47.3	39.2
20-24	21.4	22.3	20.2
25-29	12.9	11.8	14.3
30-39	9.0	8.7	9.4
40-49	6.1	6.2	6.0
50-59	3.7	3.5	4.0
60 and over	2.8	3.3	2.2

200. Unemployment particularly affects young women aged 15 to 24, while the rate falls substantially from the age of 25 and over.

Rate of female unemployment, by occupational category and area

Occupational category	*Total*	*Montevideo*	*Interior*
Professionals, technicians and managers	2.4	2.3	2.6
Office workers	6.4	6.5	6.2
Sales personnel	10.3	12.1	8.5
Farmers and stockbreeders	8.8	2.2	12.4
Manual workers	12.5	15.7	8.8
Service workers	11.4	10.0	12.7

(b) *Non-discrimination in hiring and promotion*

201. As noted in paragraph 105, a decree adopted in 1997 made illegal and therefore punishable conduct by management involving the application of hiring standards prejudicial to the principle of sexual equality in employment.

(c) *The right to equal remuneration*

202. In spite of the fact that Act No. 10,045 prohibits wage discrimination on the basis of sex, there are sectors of activity in which this principle is not respected. The greatest inequality is apparent among professionals and managers, where women receive slightly more than half of the hourly income received by men in the same circumstances.

Income, by primary occupation, and hourly remuneration, by occupation and sex

Category	Men		Women	
	Income	Hourly remuneration	Income	Hourly remuneration
Professional and managerial	6 727.2	135.6	3 034.6	74.7
Office workers	3 394.7	82.0	2 383.1	66.1
Sales personnel	4 264.8	84.8	1 973.6	47.2
Service personnel	2 498.2	52.3	1 223.1	36.5

Ratio of income of women to that of men

Category	Ratio
1	55.1
2	80.5
3	55.7
4	69.9

(d) *Women and social security*

203. Under Uruguayan legislation as recently amended, retirement may be:

(a) Ordinary;

(b) Retirement because of total disability;

(c) Retirement because of advanced age.

204. The possibility of early retirement enjoyed by political office-holders or persons having the confidence of the executive power has been specifically abolished.

Ordinary retirement

205. The following conditions are required for ordinary retirement: to have reached the age of 60 and completed 35 years of service together with actual payment of the contributions required for those periods of time spent as an independent worker or registration as an employed person for the periods of time spent as an employee. These conditions remain the same even if the minimum periods required are completed after the date of cessation of activity.

206. The former system established a minimum age of retirement of 55 years for women. A change in the social security system, based on studies of the life expectancy of women, provides for a transitional system until the year 2003, at which time the minimum age of retirement for women will be the same as that for men, that is, 60.

Retirement because of total disability

207. Eligibility for retirement because of total disability exists where any of the following conditions are met:

(a) Complete and permanent incapacity to do work of any kind occurring during employment or a period of compensated unemployment, whatever the cause, and provided that there have been at least two years of recognized employment, of which a minimum of six months occurred in the year prior to the onset of the incapacity;

(b) Complete and permanent incapacity to do any work caused by or a result of work, whatever the period of employment;

(c) Complete and permanent incapacity for work of any kind occurring within two years following the cessation of work or the expiration of the period of compensated unemployment, for whatever cause, when 10 years of recognized employment have been completed and provided that the participant is not the recipient of any other retirement benefit except that provided under the individual savings retirement scheme established by the new system.

208. Persons completely and permanently incapacitated for work of any kind who are ineligible for retirement on the basis of total disability because they do not meet the required legal conditions may be eligible for non-contributory assistance on the grounds of disability.

209. The allowance for total disability is 65 per cent of the basic retirement benefit. The basic retirement benefit has been fixed as the average monthly revalued benefit for the last 10 years of employment recorded in the individual's employment record. Where more favourable for the participant, the basic benefit may be calculated on the basis of the average for the best 20 years of revalued benefits. Where actual periods of employment are less than the periods required, the revalued average for the periods of employment actually recorded may be used.

Old-age pensions

210. Old-age pensions are granted when a person reaches age 70, regardless of employment status, provided only that the person has completed at least 15 years' pensionable service.

211. Old-age pensions are incompatible with any other pension, allowance or transitional benefit paid by reason of partial disability, except for benefits accruing from the mandatory personal pension savings scheme.

212. In both the public and the private sectors, the minimum retirement age for the ordinary retirement pension is 60 for both sexes. For women, it used to be 55. In view of this, the reform provides for a gradual increase in the age requirement for women, as shown in the following table:

- Age 56 — 1 January 1997
- Age 57 — 1 January 1998
- Age 58 — 1 January 2000
- Age 59 — 1 January 2001
- Age 60 — 1 January 2003

213. Under the new mixed system which is coming into force (intergenerational solidarity plus mandatory personal savings), from age 65, provided the eligibility conditions are met, members will have the right to receive benefits from the savings-based pension scheme even if they have not left gainful employment, and are exempt from paying further contributions into the scheme.

Death and disability pensions

214. Widows, widowers, unmarried children under 21, children over 21 who are completely incapacitated, parents who are completely incapacitated and former spouses have pension rights. References to "parents" and "children" include kinship relationships between parents and children both in and out of wedlock and by adoption.

215. To be granted the right to a pension, children under 21 must provide evidence that they were economically dependent on the scheme member or that their incomes are insufficient.

216. Former spouses must prove that they were in receipt of alimony from the former spouse as ordered or approved by a court. Adoptive children and parents must prove that they formed a common household with the scheme member, lived together in his or her domicile and were legally and economically a family unit for at least five years before the vesting day of the pension rights. Widows, widowers and former spouses under age 30 on the date of the scheme member's death receive two years' pension. If they are between 30 and 40, pension is paid for five years. If the beneficiary is completely incapacitated or if the family includes single children over 21 who are incapacitated, no time limit is imposed on pension payments. Where the beneficiary is the widow, widower or former spouse of a scheme member and is between 30 and 40 years of age, the pension is paid until any children under 21 in the nuclear family unit reach the age of majority.

217. Pension allowances are as follows:

(a) Widows or former spouses of the scheme member, where there are children in the nuclear family unit, children who are not part of the nuclear family unit or parents of the scheme member, receive 75 per cent of the base pension;

(b) The widow or widower of the scheme member receives 66 per cent of the base pension, as do the children of the scheme member in the absence of a widow or widower;

(c) Where there are both children and parents of the scheme member, 66 per cent of the base pension is paid;

(d) Where there are only former spouses or parents of the scheme member, 50 per cent of the basic pension is paid;

(e) Where there is a widow or widower and also a former spouse, and there is no nuclear family unit, 66 per cent of the base sum is paid. If only one or the other has a nuclear family, the 9 per cent difference is allocated to that party.

218. The base pension is determined as follows: when the scheme member was actively employed on the date of death, the base pension is the amount he or she would have received on retirement. The minimum benefit is at least the amount payable in the event of complete incapacity. When the scheme member dies after retirement or while in receipt of transitional partial disability benefits, the amount of the base pension is determined by the latest pension or benefit calculation.

Dismissal of pregnant women

219. To protect pregnant women workers against dismissal, Act No. 11,577 of 1 October 1950 prohibits dismissal and, in the event that dismissal is proven, an additional six months' salary becomes payable as compensation (double indemnity).

Maternity leave

220. As stated in the initial report, Uruguay has laws dating back to the turn of the century that guarantee the exercise and enjoyment of economic, social and cultural rights. The general rule, which was established in 1937, guarantees 13 weeks of maternity leave.

Eliminating inequality

221. Decree No. 28/92 of 23 January 1992 ruled that women in the military would be granted maternity leave. Under the terms of the Decree, any military employee who is pregnant, by presenting a medical certificate stating the anticipated date of childbirth, is entitled to maternity leave. Maternity leave lasts 13 weeks, and the woman must stop all work a week before the birth and not return to work until 12 weeks afterwards. Also, she may bring the starting date of her maternity leave forward to up to six weeks before the anticipated date of the birth. When birth takes place after the anticipated date, any maternity leave already taken is extended until the actual date of birth and the amount of obligatory post-partum leave may not be reduced. In the event of illness connected with the birth, she has the right to an extension of post-partum leave, where duration may be determined by the Armed Forces Health Service or by any other medical institution providing her with care. After using up their maternity leave, mothers in the military who are breast-feeding

their children may request a reduction in their working hours to half time for as long as the child needs breast-feeding.

222. The rule in question expressly repealed the provisions of Decree No. 123/84 of 28 March 1984, which discriminated against women in the military by giving them only 12 weeks' pre- and post-natal maternity leave.

223. The basis for the current provision is that maternity is a fact of life which affects all women whatever job they do, and therefore women in the military should have the same rights as other working women.

Women and violence

224. Please see paragraph 111 onwards.

State social support services for working women

225. The care, education and guidance of children is a parent's right and duty. Without prejudice to that right, society should cooperate with parents in fulfilling this role so that children can exercise their rights in full.

226. Concerning guidance and orientation for parents and others with minors under their care and control, the State, through the National Institute for Minors, is cooperating with parents for the material, intellectual and moral betterment of children. This is the Institute's specific mission pursuant to the law whereby it was set up in 1988. Cooperation between the Institute and parents is reflected in the provision of services that are distinctive in their scope and kind. The Institute has established day-care centres, enabling working parents to draw on significant State assistance at no cost to them while meeting their children's needs for attention and care when they are not there.

227. Multidisciplinary technical teams at various levels of intervention look after children's interests and protect them from the dangers of abuse and physical or moral neglect. In the health field, services are provided at national level through agreements with public and private institutions. In the capital, the Health Division of the Ministry of Public Health runs polyclinics and outpatient paediatric clinics that are open to all. In the interior, the administrative seat of each department has a doctor, a psychologist and a dentist to provide primary health care. In this respect, we must draw attention to the work of non-governmental organizations that provide assistance to minors and their parents. Their location in out-of-the-way places and the way they work hand-in-hand with the health-care workers there is forging stronger links, which is all to the good of the objectives in view.

The National Institute for Minors strategy and methods for assisting children

228. On 20 July 1996, 20,131 children were receiving National Institute for Minors assistance.

	Care in the community	*Boarded out*	*Day care*	*Placement with families*	*Total*
Montevideo	1 077	1 933	4 979	565	8 554
Interior	0	1 439	9 380	758	11 577

229. The infrastructure available to provide these services includes 750 official and 247 other establishments.

230. Another of the decisions helping to improve the status of women, and female heads of household with children most especially, focuses on educational reform. The education reform of 1996 includes the following objectives and proposals:

- Making primary education universal, it being understood that this is the most important stage in the development of human abilities and in light of the strategic value of primary education as a response to the problems of poverty and the significant increase in the rate of the economic activity rate for women, and as an overall social policy in view of the significant number of single-parent households where the level of education is low.
- Promoting the importance of full-time schooling to offset the negative impacts of highly concentrated poverty. In the Uruguayan context, public schools play a very important socializing role, and education should have a front-line responsibility in this regard.
- Responding to the continuing and quickening process of technological restructuring, which is forcing schools to change presentations and proposals that are now outdated.

231. To summarize, the aims of the reform are to consolidate social equity by, first, increasing school coverage for five-year-olds throughout the country, in urban and in rural areas, to 95 per cent; second, increasing coverage for four-year-olds in Montevideo to 93 per cent; third, increasing coverage for four-year-olds in interior urban areas to 67 per cent; fourth, extending school hours for 67 per cent of deprived five-year-olds throughout the country; fifth, extending school hours, throughout the country, for 67 per cent of deprived four-year-olds from households where basic needs are not being met; sixth, providing lunch and an afternoon snack for pupils at schools in areas with a high concentration of households where basic needs are not being met; seventh, increasing the nutritional value of the lunch to 750 calories in all schools in areas where the situation is extremely critical; and eighth, providing post-school educational assistance to 35 per cent of young people in rural areas.

Article 12
Women and health

Life expectancy at birth

232. In 1997 the average life expectancy at birth of Uruguayans of both sexes was 72 years (men, 69, and women, 75). These figures, together with the fact that the average annual growth rate of the population is 5.83 per cent, would indicate that Uruguay is experiencing a process of demographic ageing by which children are becoming a scarce human resource.

233. The elderly population of 65 or over represents 11 per cent of the country's total population, or 330,000 people. The elderly account for 33 per cent of the country's total female population and 10 per cent of the total male population. Ninety-eight per cent of the elderly population live in urban areas. Eighty-six per cent of the elderly receive a monetary income, while 14 per cent (45,193 people) are dependent on others for their subsistence. However, 89 per cent of the latter are

concentrated in urban areas. The condition of ageing adults is critical in rural areas, where 34 per cent of them live in poor households.

Demographic indicators	*1996*
Life expectancy at birth	72 (both sexes)
Fertility rate	2 per cent
Birth rate	17.8 per cent
Death rate	10.3 per cent
Average age of population	30.8
Annual growth rate	5.83 per cent

Means of delivery of health care

234. In Uruguay, health care is delivered through two main sources, the Ministry of Public Health and group health care organizations. These latter are private organizations offering health services under a system of pre-paid insurance. According to the official statistics prepared by the National Statistical Institute, 88 per cent of the population are covered and only 12 per cent have no formal connection with the health system.

235. The Ministry of Public Health is the chief health service provider in the interior (urban and rural), while it is less important in Montevideo (the country's capital), where only 14.9 per cent of the population receive care through Ministry of Public Health units.

Public health care

236. At the primary care level, there are two kinds of establishments: polyclinics and health centres. Both provide local health services, covering a population which is no more than one hour away. The second level of care consists of hospitals which cover certain zones and serve a population within a distance of no more than two hours. The third level of care is made up of hospitals with sophisticated equipment and highly specialized medical personnel. In general, their coverage is departmental, and they serve a population which is no more than six hours away. The fourth level of care is that restricted to complex pathologies. Because of their nature, these establishments are considered national in coverage.

237. The Ministry of Public Health, which provides free treatment, care and drugs, maintains 61 hospitals throughout the country, 12 of which are specialized, 18 health centres, 25 health subcentres and 191 polyclinics (10 in Montevideo and 181 in the interior, usually in rural areas).

Health care delivery system in Uruguay

238. The organizations through which health care is delivered can be divided into two categories: public and private. The public sector consists of the following:

(1) The State Health Services Administration, which provides health care services through hospitals, specialized institutions, health centres and neighbourhood polyclinics. In the interior the services are delivered through

hospitals located in each departmental capital, health centres, auxiliary centres and polyclinics.

(2) The Clinics Hospital, which provides health care in its role as a teaching hospital. It is the largest hospital in the country, with a total of 664 beds. It provides medical, surgical, paediatric, obstetrical and gynaecological services.

(3) The Social Security Bank, which is responsible for the payment of costs relating to social security (maternity, child, old age, death). Since 1943 a Family Allowances service has been in existence. It provides mother and child health services, basically preventive, which include hospital delivery services for working women and the wives of working men. The service is provided in a sanatorium with 59 obstetrical beds and 44 paediatric beds. There are also five maternal and child centres providing supervisory care for neonatal to school age children. In 1975, a Social Security Office for Illness was established. It is a mechanism through which medical assistance for working people is provided in a private group institution freely chosen by the worker.

(4) National Institute for Minors (INAME): the Health Division of INAME, which includes specialized departments providing health care for children in the interior.

239. There are two kinds of private institution in the private subsector:

(1) The private group health care organizations and private medical establishments, with which 994,734 people were affiliated in 1991. In the interior of the country, the private organizations are linked together in the Medical Federation of the Interior. In 1991, there were 25 such organizations with 497,004 members in the interior.

(2) The Highly Specialized Medical Institutes, which were established by the Ministry of Public Health for the treatment of illness by highly specialized and expensive medical procedures through contributions by the State and the members of the group health care organizations.

240. The health delivery map for Uruguay serves to confirm that only 2 per cent of the population is without any kind of formal coverage.

Statistics

Distribution of urban population aged 14 and over, by kind of health coverage and level of education, 1995

Level of education	*Without*	*Group health care organizations*	*Ministry of Public Health*	*Other public*	*Other private*
Total	6.6	60.0	24.8	6.8	1.8
No schooling	5.7	33.6	54.8	3.4	2.5
Incomplete primary	6.3	47.2	38.0	6.4	2.1
Complete primary	6.2	57.1	27.8	7.2	1.7
Incomplete secondary	8.8	53.1	26.9	9.0	2.2
Complete secondary	6.2	72.5	13.1	6.7	1.5
Trade College of Uruguay (UTU)	7.7	64.0	19.5	5.9	2.9
Teacher training	5.7	81.4	8.3	3.4	1.2
University	7.8	60.2	23.6	6.9	1.5
Other	4.7	81.5	7.6	4.4	1.8
	4.5	85.5	4.1	4.4	1.5
	4.4	41.9	8.5	44.4	0.8

Health education: the health problems of women

The primary health care (PHC) strategy

241. In Uruguay, implementation of the PHC strategy has meant the harmonization of various lines of action, chiefly with respect to the reorientation of health workers, intersectoral coordination and health education.

Health education

242. In the 1991 curriculum for secondary education, the hygiene course was replaced by "health education". This meant a deep change of conceptual framework in which the student adopts a central and active role. The programme seeks chiefly to develop problem-solving skills in the student, strengthening cognitive and emotional understanding of the subjects dealt with.

243. The effectiveness of the health teaching method was put to the test when there was an epidemiological risk of cholera. In various parts of the rural interior, secondary school students tried to establish channels of communication with the community by means of parades, street troupes and leaflets providing information on the steps to be taken to prevent the disease and its transmission. The heightened awareness of the population made it possible to prevent the entry of the disease into the country, and Uruguay became the only country in Latin America free of cholera.

244. In the rural areas, the Faculty of Medicine, through its Community Teaching Programme, is carrying out a programme of inter-agency coordination with municipal organizations and the departmental centres of the Ministry of Health in which students serve internships in health centres and help in various outreach activities by participating in medical rounds in neighbourhood polyclinics.

Physical health

245. In Uruguay, the third stage of the demographic transition has taken place; meanwhile, an epidemiological transition has also taken place. During this phase, the greatest changes in health and illness patterns occurred among children and young women, probably because of the relatively high susceptibility of these groups to infectious diseases and deficiencies in general.

246. Uruguay's total mortality rate has remained unchanged over the last decade. According to the latest statistics available, in 1996, the total mortality rate was 9.8 per thousand inhabitants. The main cause of death is circulatory disease, which accounts for 38.7 per cent of the deaths.

247. In the maternal and child health field, the rate of maternal mortality fell from 5.1 per 10,000 births in 1980 to 1.6 per 10,000 in 1996, following a downward trend similar to that of child mortality. In 1996, there were only nine maternal deaths. This is attributable to the increased demand for prenatal supervision and the greater efficiency and effectiveness of the Ministry of Public Health's outreach health services, so that 65 per cent of all recorded pregnancies are now supervised.

248. At the same time, there has been a continued decline in the rates of infant mortality, owing to an improvement of the instruments for the measurement of mortality and implementation of the use of the medical birth certificate and perinatal death certificate in accordance with the guidelines of the World Health Organization.

249. Over the 1986-1996 period, there has been a reduction of 14.8 (44 per cent) in the infant mortality rate for the country as a whole. An analysis of the main causes of death for children between the ages of 1 and 14 shows that in the group aged 1 to 4 accidents, congenital anomalies and cancer account for 46.5 per cent of the total deaths. These three causes accounted for 60 per cent of the total deaths in the 5 to 9-year-old age group. In the adolescent group the greatest problems were pregnancy and addiction.

250. During 1996 there were 383 deaths in the 15 to 24-year-old age group, 258 of them male and 125 female, with an increase in male mortality attributable to traffic accidents and suicides.

251. Based on the conclusions it has reached on health matters, the Government has redesigned its health policy after having identified 12 priority problems. There are now programmes on:

1. Disability and death caused by traffic accidents;
2. Cardiovascular disease;
3. Living conditions of the mentally ill;
4. Drug habits and addictions;
5. Poorly monitored pregnancies and deliveries;
6. Sexually transmitted diseases;
7. Breast cancer and lung cancer;
8. Loss of dentures;
9. Watercourse contamination;

10. Social isolation, malnutrition and accidents of the elderly;

11. Chagas' disease; and

12. Hydatidosis.

Tacuarembó project. Health in rural areas

252. The Ministry of Public Health made it its goal to extend health care coverage by following a primary health care strategy, the aim being universal coverage through better access by individuals and communities to health services, in a geographical, cultural, practical and economic sense.

253. Activities under the Tacuarembó project were directed towards:

- Training primary health care personnel;
- Community participation in the planning, organization and provision of primary health care;
- Inter-sectoral coordination;
- Inter-agency coordination of services at the first level of health care;
- Coordination of teaching assistance;
- International cooperation with the participation of the German Agency for Technical Cooperation (GTZ).

254. The project, entitled "Strengthening primary health care in the Department of Tacuarembó", successfully reduced the rate of endemic infectious diseases and certain chronic diseases. The coordination within the sector was especially strong because of the active participation of the main local health care agencies. For instance, the project's regional and departmental offices, the Tacuarembó municipal administration and the local medical association, COMTA, joined efforts to take advantage of the limited resources available, making them available to everyone. The participation of the communities, entailing considerable personal involvement, was ensured by properly training rural auxiliary nurses, who settled in small villages in the Department and became powerful proponents of health care information with a wide village outreach. Similarly, the Faculty of Medicine offered a productive combination of teaching and assistance in the training of human health care resources.

Government expenditure on health

255. The breakdown of expenditures varied during the period and kept pace with developments. Government expenditure on health doubled during the first democratic administration (1985-1989). The Ministry of Public Health accounted for over 40 per cent of the expenditure during that period, although it fell from 44.3 per cent to 41.6 per cent in 1989.

256. Total health expenditures amounted to about 8 per cent of the gross domestic product (GDP). Uruguay, with $255 per capita spent on health, ranks second among the countries of the Southern Common Market (MERCOSUR).

257. In 1982, 50 per cent of the lowest-income population received 73 per cent of the health care benefits (of which 34 per cent went to the poorest 5 per cent within

that group) but only 25 per cent of government expenditure on health. In 1994, the poorest half of the population received 66 per cent of health benefits and 47 per cent of the total government expenditure on health. In the redistribution of income in Uruguay, health expenditure is second only to expenditure on food.

Health indicators

Overall figures for the national infant mortality rate

258. Since 1961, the greatest downward trend in infant mortality occurred between 1982 and 1993, during which period the decline of 14.8 deaths per thousand births represented a 44-per-cent reduction of the infant mortality rate in the country as a whole. In addition, there was a tendency for the figures, whether reported by the public or the private health sector, to converge within a range of 20 to 30 per thousand.

259. In the early 1980s, the mortality rate in the public health sector was four times higher than in the private sector (51 per thousand as against 13 per thousand). The 1990s saw a 57-per-cent decline in the public health sector rate while in the private sector there was only a 9-per-cent reduction, so that the comparative gap between public health care and private health care was considerably narrowed.

260. Birth traumas and post-natal illnesses in conjunction with other perinatal problems and prematurity accounted for 19.3 deaths per thousand in 1979, 13 per thousand in 1983 and 9.18 per thousand in 1993, while congenital anomalies produced very similar rates (3.87 per thousand, 4.19 per thousand and 3.32 per thousand, respectively).

261. It is important to note that there has been a sharp drop in infant deaths caused by intestinal infections and malnutrition, from 6.06 per thousand in 1979 to 2.88 per thousand in 1989 and 0.96 per thousand in 1993. Unlike the death rate due to diarrhoea, mortality figures for respiratory infections have remained stationary: 1.95 per thousand in 1979, 1.48 per thousand in 1983 and 1.48 per thousand in 1993. The mortality rate is higher for male infants than for female infants. A comparison of the annually reported deaths of children under age one, by the mothers' place of residence, and the proportion of needy households, by department, shows that there is a very close relationship between the two indicators.

262. The Government's refocusing of its social policies is actually managing to reverse this situation. The comparative share of public expenditure allocated to mothers and children rose from $226 million in 1983 to $331.7 million in 1989. In 1990, a pregnancy and birth monitoring programme was established to work in conjunction with the Customs Department early-detection programmes for the monitoring of children's health, and it included home visits to the newborn. Since 1990, the perinatal data system developed by the Latin American Centre for Perinatology and Human Development and the Pan American Health Organization (PAHO) has been applied nationally in the public and private sectors, and it has served as the pivot for organizing health care, training human resources and local planning and assessment of the basic activities.

263. The Government's mother and child health programme concentrates on zones where poverty prevails.

Infant mortality rate

Quinquennium	*Total*	*Neonatal*	*Post-neonatal*
1970-1974	49.32	26.72	22.60
1975-1979	45.27	25.43	19.84
1980-1984	31.91	19.26	12.65
1985-1989	24.56	14.52	10.14
1996	18.90	12.50	6.40

264. The levels of infant mortality are inversely proportional to the mothers' level of education, and that ratio holds steady over time. Moreover, the infant mortality rates where the mothers live in a common-law union or are single are almost twice those where the mothers are married.

Average infant mortality rate, by area and mothers' level of education

Level	*Total*	*Urban area*	*Rural area*	*Montevideo*
No education				
1961-1971	77.8	80.2	65.6	76.1
1982-1992	62.4	72.4	59.7	61.0
Primary education				
1961-1971	40.7	41.2	39.6	37.3
1982-1992	38.8	39.8	36.5	27.1
Secondary and higher education				
1961-1971	29.2	28.4	30.5	27.5
1982-1992	28.7	28.0	29.2	27.1

Average infant mortality rate by mothers' marital status

Place of residence	*Married*	*Common-law union*	*Widowed or separated*	*Single*
Urban area	34.4	57.9	43.1	52.1
Rural area	34.5	61.3	52.9	53.2
Montevideo	34.0	58.0	41.6	49.3
Total	**34.4**	**58.8**	**43.8**	**52.4**

Average number of children born, by mothers' age bracket, level of education and socio-occupational stratum

	Mothers' age bracket						
	15 years	*15-17*	*18-19*	*20-21*	*22-24*	*25-29*	*Total*
Level of education							
No education or incomplete primary education	1.1	1.7	2.5	3.5	3.6	3.6	3.3
Completed primary education	0.6	1.3	2	2.5	2.9	2.7	2.3
High school education	0.4	0.8	1.5	2	2.3	2.4	1.8
Higher education	0	0.3	0.9	1.7	2	2.1	1.5
Total	**0.6**	**0.9**	**1.7**	**2.3**	**2.7**	**2.8**	**2.2**
Socio-occupational stratum							
High	*	0.5	1.3	1.9	2.3	2.4	1.9
Middle	0.5	1	1.5	2	2.3	2.7	1.9
Low	0.6	1	1.8	2.6	3	3	2.4

* Less than 20 cases recorded.

Immunization of children

265. The Expanded Programme on Immunization (EPI) operates in our country, under Decree Law No. 15,272 of 4 May 1982. This law established the State's obligation to administer vaccines to the population against the following diseases: diphtheria, mumps, pertussis, poliomyelitis, German measles, measles, tetanus and tuberculosis.

266. To the eight diseases covered by EPI were added, in 1994, meningoencephalitis and purulent meningitis, which occur frequently in small children. Parents are required to present vaccination certificates on the following occasions:

(a) When receiving the family allowance for children under six;

(b) At the start of every course of study in public education;

(c) To obtain or renew identification cards;

(d) To obtain any kind of health record; and

(e) To obtain or renew the Ministry of Public Health health care record.

267. A broad network of immunization posts in urban and rural areas, mobile posts and non-permanent posts circulating from school to school ensure that immunizations will be geographically accessible. Economic accessibility is ensured by making the immunization services completely free of charge, and the immunization records are kept under the strict supervision of the Ministry of Public Health.

Results of the Expanded Programme on Immunization (EPI)

268. Coverages (percentages of children vaccinated) have been high over the last seven years, in fact among the highest in the world at 99 per cent, 91 per cent and 86 per cent for BCG (bacillus Calmette-Guerin), DPT (diphtheria/pertussis/tetanus) and MMR (measles/mumps/rubella).

269. As a result of this policy, since 1989 Uruguay has had no recorded cases of neonatal polio, diphtheria or tetanus.

International cooperation

270. In 1992, the first cooperative project between Uruguay and the United Nations Children's Fund (UNICEF) dedicated to promoting social policies, child development and maternal and child health was signed.

271. The financial support provided by UNICEF is equivalent to about $3 million.

272. The overall objective of the project has been to improve living conditions and well-being for poor families by strengthening the institutional and non-governmental response in the areas of health, nutrition, education and social advancement.

273. Another of the project's objectives was to expand primary health and food supplement programme coverage.

274. The positive assessment by UNICEF of the implementation and the levels of commitment undertaken by the State in improving childhood indicators enabled the programme to be renewed for the period 1997-2001, in the sum of $6 million.

275. For this second project, the targets are to provide support for the country in improving the quality of social services for children; to raise awareness in Uruguayan society of children's rights by dissemination and publicity; to bring national legislation into line with Uruguay's international commitments on ratification of the Convention on the Rights of the Child; and to promote gender equality.

Availability of drinking water

276. The eight-year statistical trend, and even more so the 1986-1996 trend, shows that the proportion of households without drinking water has been drastically reduced in the towns of the interior, from 14.3 per cent to 1.3 per cent. In Montevideo, the figures went from 5.6 per cent in 1984 to 0.1 per cent in 1994. The average number of new drinking water supply hookups between 1985 and 1995 was 21,606 (9,966 for Montevideo and 11,640 for the urban interior).

Sources of water

277. Although only the water provided through the public water supply system is certain to be safe for drinking, since it is under the responsibility of the relevant State agency (State Sanitation Works), the incidence of disease related to the consumption of unsuitable water is low or non-existent. In the case of water which is not obtained from the public supply system, the responsibility for ensuring that it is safe for drinking rests with the individual.

Origin of water used for drinking and cooking

Origin	Nationwide total		Urban areas		Rural areas	
	% distr	% ac	% distr	% ac	% distr	% ac
Public water supply system	86.6	86.6	93.7	93.7	13.7	13.7
Springs	9.7	96.3	4.7	98.4	61.2	74.9
Cisterns, wells	2.6	98.9	0.8	99.2	21.6	96.5
Other	1.1	100	0.8	100	3.5	100
Total	**100**		**100**		**100**	

Source: Seventh general population census, third household survey and fifth housing survey, 1996.

Note: The calculations of the percentages excludes cases in which the origin of the water was not specified; these account for 0.8 per cent of the population. In 1985, according to statistics from the National Population and Housing Census, "rural" Uruguay consisted of a total of 39,844 households.

Sewage disposal

278. The sewage disposal problems affecting needy households were considerably reduced over the 1986-1996 period, to 0.1 per cent for Montevideo and 3 per cent for urban areas in the hinterland. The reduction in Montevideo can be attributed to the implementation between 1990 and 1995 of large-scale capital works financed by the Montevideo City Council under Sanitation Plans I, II and III, with financial assistance from the Inter-American Development Bank (IDB).

State policies towards the older adult

279. In 1990, the Ministry of Public Health set up the Priority Programme for the Care of the Older Adult, with the accent on studying and assessing the various kinds of public and private arrangements for the elderly. The purpose of the programme is to improve quality of life for adults over 65.

280. The objectives of the programme are as follows:

- To tailor health services for the older adult by establishing a clinical history and a referral network and by legislating for and regulating the system of homes for the elderly;
- To provide incentives for improving the psychosocial and familial conditions for older adults by systematizing economic assistance for relatives who have an elderly person with no income living with the family, and helping to find work and activities for people in this age group within their abilities;
- To develop training for people associated with the older adult by training health professionals and community outreach personnel in the specific field of the psychosocial care of the elderly.

281. The main causes of death within the age group are circulatory disease and cancer (64 per cent), followed by pneumonia and diabetes. The indicators show that Uruguayan society fits the traditional model of transition, with stagnant population growth, a predominance of adult age groups, a progressive increase in the number of

people over 60, low birth and death rates and chronic illnesses replacing infectious diseases as causes of death.

Priority programmes to control teenage pregnancies

282. The Ministry of Public Health, through the Childbirth Support and Monitoring Unit, has intensified its follow-up of teenage pregnancies. In Pereira Rossell Hospital, the largest paediatric hospital in the capital, a study produced the following results: 73 per cent of the age group, in- and out-patients, were 16 or 17 years old, with 6.6 per cent under 14. Of these young women, 61 per cent had completed primary education and 2 per cent, secondary education; for 92 per cent, it was their first child, for 7 per cent it was the second and for 1 per cent it was the third. Of the newborns, 54.5 per cent weighed between 3 and 4 kg, while 10.9 per cent weighed between 1.5 and 2.5 kg. The State has set its policy towards teenage pregnancies on the basis of an overall strategy that includes taking into account the psychological and social environment, more careful monitoring than for adults and continued counselling for the adolescent mother.

283. Foetal mortality in adolescents in the largest paediatric hospital in the country is 1.5 times the rate in adults. In the University Public Hospital, foetal mortality in 1995-1996 was 23 per thousand in adolescents, and 2 per thousand in adults.

284. The 0-14 age group, 785,000 in all, accounts for 27 per cent of the country's population. Nationally, 94 per cent of children have access to public or private health care. Uruguay has 125 hospitals, 113 general and 12 specialized.

285. There are 13,232 hospital beds, or 3.9 beds per 1,000 population.

Adolescent health in figures

Live births to women under 20, by mother's marital status

	Total live births	*Percentage*
Non-marital union	2 402	20.40
Married	6 510	55.30
Divorced	415	3.50
Single	2 455	20.80

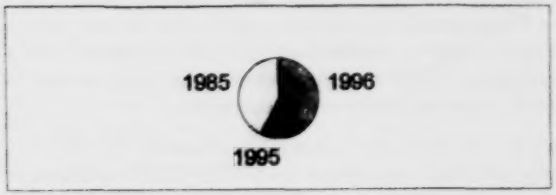
Live births to adolescent mothers, by education and type of housing

	Number of births	*Percentage*
Education		
None	146	1.20
Primary education not completed	2 433	20.70
Primary education completed	4 733	40.20
Secondary or higher	4 449	37.80
Type of housing		
Substandard	1 907	16.30
Standard	9 790	83.70

	Number of births	*Percentage*
Sewerage system		
Cesspit	1 247	10.60
Septic tank	7 496	63.60
Public sewerage	3 039	25.80
Water supply		
Public mains	5 742	48.70
Interior		
Exterior	2 700	22.90
Well	2 130	18.10
Other	1 210	10.30

Maternal mortality rate in adolescents

Year	*Deaths*	*Births*	*Rate per 10,000*
1996	3	7 885	3.8
1995	1	7 308	1.4
1985	3	6 588	3



The more deprived sectors

286. Despite Uruguay's small size and sparse population, there are considerable differences between living standards in its various regions. According to National Statistical Institute data, the four administrative departments with the highest proportions of deprived households are Rivera, Cerro Largo, Tacuarembó and Salto.

287. In public health matters, State policy gives preference to these regions. We have already referred to the Tacuarembó project as a successful primary health-care effort.

International cooperation

288. International cooperation has given a major boost to the new priorities in public health. The support of bodies such as World Health Organization (WHO), Pan American Health Organization (PAHO), UNICEF and the German Agency for Technical Cooperation (GTZ) has made possible the significant progress that has been seen in the health indicator trends for deprived groups.

Implementation of the Sexually Transmitted Disease (STD)/AIDS Programme

289. Between 1983 and 6 May 1994, there were 1,441 cases of human immunodeficiency virus (HIV) infection, 75 per cent (1,072) men and 25 per cent (369) women.

290. The age group 15 to 44 is the most affected by HIV, with a peak incidence between 20 and 24.

291. In Uruguay, sexual transmission of HIV predominates, causing 67.9 per cent of cases; within those cases, heterosexual transmission (28.5 per cent) is the prevalent mode, followed by bisexual behaviour (13.3 per cent).

292. In 1983, the year in which AIDS appeared in the country, the Ministry of Public Health set up a working group on the problem. In 1984, the working group laid down regulations concerning the clinical, diagnostic, therapeutic and epidemiological-control aspects. One year later, the AIDS Advisory Commission was established within the Ministry.

293. Since then, that Commission has been succeeded by others, the one most recently set up, by a 1993 presidential decree, being the National AIDS Commission (CONASIDA), comprised of representatives of ministries, public and private institutions, non-governmental organizations and the media. The Commission's objectives are to raise funds and to coordinate and propose activities.

294. The STD/AIDS Programme is national in scope and aims to prevent and control all such diseases. The Programme's headquarters are in the capital, with a coordinator and a multisectoral support committee in each of the nation's departments. Since its inception in 1987, the Programme has been active in education, prevention, monitoring, administration and coordination.

295. The variety of activities has fostered an intersectoral coordination that has been a milestone in the country, and this has enabled the STD/AIDS Programme to switch from the role of executor of activities to that of main coordinator.

296. Foremost among these activities are:

- Integration of sexual education into the school curriculum;
- Active and passive epidemiological monitoring, mandatory analysis of all blood and blood products prior to use;
- Technical and/or financial interaction with non-governmental organizations in community work;
- An over 50-per-cent increase in the sale of contraceptives, a 360-per-cent expansion of the "hot line", and a 530-per-cent increase in medical visits, in the course of one year.

297. Since 1988, the WHO Global Programme on AIDS has through the Uruguay office of PAHO been providing extremely important technical cooperation enabling four lines of action to be developed and maintained under this programme:

(1) Emergency plan;

(2) Transitional plan;

(3) First medium-term programme;

(4) Second medium-term programme.

298. The Government contributes US$ 110,000 annually to the AIDS programme for administration of those plans.

Priority breast cancer programme

299. Breast cancer is the most common cancer in women, with a gross incidence of 112.6 per 100,000 women and an age-adjusted figure of 79.28 per 100,000 in 1995, or 37 per cent of all malignancies in women.

300. Breast cancer is the leading cause of cancer deaths among women, with a gross rate of 38.4 per 100,000 women and an age-adjusted rate of 26.82 in 1989, or 23 per cent of the total (National Cancer Register, 1991), making Uruguay first in the Americas for breast cancer deaths (PAHO, 1990) and eighth in the world.

301. The case-specific rate for Montevideo is one of the highest in the world at 44.8 per cent (National Cancer Register, 1991), with almost half of those with breast cancer dying annually, in contrast to the 1991 rate recorded for the United States of America of only 25.5 per cent (American Cancer Society).

302. Yet what is most alarming is that there is a steady rise in breast cancer mortality, which has doubled in the last 30 years in a demographically stable population. In 1960, for instance, 300 women died of breast cancer, while in 1990 almost 600 died, and if the necessary preventive measures are not taken, it is probable that 700 women will die in the year 2000 (National Cancer Register, 1991).

303. The age curve for the incidence of the disease follows a bimodal pattern typical in the West, peaking first around the age of 45 (pre-menopausal breast cancer), with a higher peak between the ages of 60 and 65 (National Cancer Register, 1989).

304. When the programme began in 1990, the strategy indicated below was followed, and a two-track screening system was set up: individual health booklets recording the results of mandatory prophylactic breast examinations were introduced nationwide; and breast cancer prevention units available for voluntary consultations were established in both public and private health centres, with uniform methods to be used in analysing the cases examined in order to standardize the treatment criteria.

305. In addition, a record-keeping system using special precoded forms was organized, with the information centralized in the administrative office of the programme, making it possible to evaluate the success of the programme periodically, to monitor the work of each of the screening centres and to conduct epidemiological research.

306. Lastly, two well-equipped reference centres were set up, one for persons screened through the health record booklet system and the other for persons screened through the prevention units, the aim being to amass reliable data for comparison with the data of other health centres, thus ensuring ongoing quality control. In addition, both reference centres offer training to doctors who wish to familiarize themselves with the subject.

307. From 1 July 1991, the starting date of the programme, to 30 June 1994, over 80,000 women were examined throughout Uruguay and their cases recorded in

conjunction with 158 screening centres working to prevent breast cancer in 63 cities or towns in all parts of the country. Over 500 doctors volunteered to work free-of-charge together with obstetricians, university nurses, auxiliary nurses, health educators and administrative personnel, which adds up to over 700 professionals involved in the programme.

Strategy

(a) *Control measures*

308. Of the various possible ways to bring breast cancer under control — primary prevention, early detection and improved treatment — the one that holds out the promise of rapidly reducing the deaths from breast cancer is early detection.

309. In the area of primary prevention, not much can be done for the moment because the cause of this cancer is unknown and most of the known risk factors cannot be controlled. Nevertheless, there are indications that a change in dietary habits and a promising preventive use of chemotherapy — still in the research stage — might reduce the incidence of breast cancer. However, given the biological nature of the disease, which remains latent for a number of years in a long subclinical state, the impact that reduced incidence would have on mortality would make itself felt only many years later and would therefore not solve the present critical problem.

(b) *Population at risk*

310. Those at risk are all Uruguayan women between the ages of 35 and 65, in both the public and the private health-care system, or about 520,000 women.

311. Under the age of 35, the incidence of breast cancer is not high enough to warrant including women in this age bracket in the national programme, since they represent barely 2 per cent of all cases. In the 35-to-40 age group, the incidence now stands at 79.9 per 1,000, which does justify their inclusion. (Figures taken from the National Cancer Register, 1991.)

(c) *Methods of detection*

312. The programme adheres to the following procedures within the time-frames indicated:

(1) Prophylactic breast examination by a doctor:

- Between the ages of 35 and 40: every three years;
- After the age of 40: annually;
- In the risk group: every six months after the age of 40.

(2) Self-examination of the breast:

On a monthly basis after the ages of 25 to 30, with instruction in the technique given by a doctor or health worker trained for the purpose and supported by written and audio-visual material provided by the programme.

(3) Bilateral mammography:

Annually after the age of 50 in the risk group.

(d) *Screening of the population*

313. In an early-detection, grass-roots-based programme such as this one, WHO believes that in order to make an impact on morbidity, at least 60 or 65 per cent of the women in the workforce must be screened. In the case of Uruguay, this means about 350,000 women between the ages of 35 and 65.

314. To meet that target, a two-track screening process is envisaged:

- Use of the health record booklet, mandatory for all women workers in the country regardless of the type of work they do, which can be obtained in all major cities from Ministry of Public Health offices or from municipal medical services, and which now includes a prophylactic breast examination as one of the required examinations (Presidential Decree No. 651/990 establishing the single mandatory basic health record booklet);
- Establishment of breast cancer prevention centres both under the Ministry of Public Health and in group health-care institutions and State agencies independent of the Ministry of Health that have their own medical services with attending specialists (gynaecologists, surgeons or oncologists) or general practitioners especially trained in the field at one of the programme's own reference centres.

(e) *Registration*

315. The data on all women examined as part of the programme are duly entered on precoded registration forms giving the screening centre, the date of the examination, the woman's name and age, her identification card number, the presence of any risk factors, the result of the prophylactic breast examination and the course of action proposed by the professional on duty, signed by the woman and countersigned by the professional and transmitted monthly to the programme's registration centre to be computerized after quality control of the entries.

(f) *Monitoring registered cases*

316. WHO recommends that tumours occurring in a population group covered by an early detection programme should be registered, in order to maximize the effectiveness of long-term monitoring and evaluate its results.

317. Since 1987 Uruguay has had a National Cancer Register with highly accurate information on mortality; this is to meet the legal requirement for a death certificate signed by a doctor, stating the cause of death.

Abortion

318. The right to life is enshrined in the Constitution of Uruguay, and non-therapeutic abortion is a criminal offence.

319. During 1994 the Bioethics Commission of the Chamber of Representatives prepared and approved a draft law to decriminalize voluntary abortion and to modify the existing system, whereby this procedure for interrupting pregnancy is punishable under criminal law.

320. This draft law seeks to secure the involvement of the State health services in ensuring higher standards of medical care, with due respect for conscientious objections on the part of doctors in charge of such cases.

321. The proposal has generated considerable controversy in the nation. This debate is expected to continue over the coming months, until the draft is rejected or adopted by the legislature as a whole.

322. As explained above, abortion at the woman's behest is treated in law as an offence; consequently there are no official statistics for the number of abortions in Uruguay.

323. The National Statistical Institute recently carried out a survey of the average number of pregnancies and foetal deaths involving spontaneous or induced abortion. The figures show that 97 per cent of the foetal deaths declared by the women interviewed, aged between 15 and 49, were defined as abortions, of which 34 per cent were described as induced (deliberate) abortions.

	Women in age groups					
Category	*15-19*	*20-24*	*25-29*	*30-34*	*35-39*	*40-44*
No. of pregnancies	0.61	1.02	1.86	2.59	3.13	3.28
No. of foetal deaths	0.05	0 09	0.22	0.31	0.46	0.52
Abortions and	6.20	6.60	8.00	8.00	10.10	10.60
induced abortions	1.90	2.00	3.30	3.50	4.00	4.60

Source: Women and fertility, Women in figures. National Statistical Institute, 1995.

Article 13

324. As explained above, since 1946, when the law on civil rights was adopted, women have had the same civil capacity as men.

325. This means that any woman, regardless of her civil status, has rights and obligations on a footing of complete equality with men.

326. She can therefore contract freely with third parties, independently of her father or husband, pledge security, mortgage property or borrow money from the country's banking or financial institutions.

327. A woman may, on her own behalf, enter into a contract of sale and dispose freely by any other means of her own property and of movables which belong to her by virtue of a matrimonial property regime.

328. A sale as between spouses who are not separated is a nullity. Likewise, immovables having asset value which have been acquired on behalf of the couple or of one of the spouses cannot be assigned or encumbered by rights *in rem* without the express consent of both spouses.

329. Women have capacity to bequeath and to inherit under a will. The Uruguayan Civil Code provides that males under 14 and females under 12 cannot make a testamentary disposition. From these ages they are free to make a will, even when still in parental custody.

330. In the event of succession without a will, women heirs inherit under the same conditions as men.

Single mothers

331. Under the law as it stands a woman who has a child without being married can make an act of recognition of the child before the Civil Register authorities. Recognition of the child gives him or her the legal status of a "natural child". Since the adoption of Act 15,462 on 16 September 1983, a child registered only by the mother will be given as a first surname a name chosen by lot and as a second surname the surname of the mother.

332. Since 1934 there has been a child protection agency, an official State body.[2]

333. The functions of the Council for the Child (now the National Institute for Minors) are defined in the Children's Code.

334. Articles 23 to 41 of the Code contain special provisions for neonatal protection, defined as:

> "the protection of the child before birth, understood in the widest modern sense, encompassing medical, social and moral aspects".

335. Protection and assistance for needy pregnant women is available in the polyclinics and other hospital services of the Ministry of Health.

336. As regards fatherhood, the Children's Code and other similar legislation make provision for a court procedure known as "investigation of paternity".

337. This institution is based on the principle that every child has a right to know the identity of his or her parents.

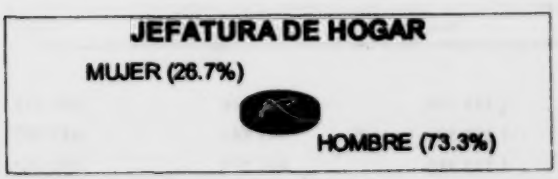
338. The investigation of paternity may be initiated by the mother at any time before the child reaches the age of 18, and is governed by the procedural law of the ordinary courts.

339. However, when it is a question of making orders for the payment of maintenance, there is a simplified, streamlined procedure. The presumptive father (the respondent) cannot defeat a paternity suit by relying on the mother's conduct.

340. The competent court will, for family reasons, set a maintenance figure according to the liable person's ability to pay and the needs of the recipient. Generally speaking, the precedents indicate a figure of between 25 and 45 per cent of the father's disposable income.

Household composition. Female-headed households

341. Twenty-six per cent of Uruguayan households are headed by women. Seventy-five per cent of single parent households are headed by a woman.



[2] From 1934 to 1988 it was the Council for the Child, becoming the National Institute for Minors in 1988 (Act 15,977 of 14 September 1988).

Household distribution, by sex of head of household, and proportion of female heads per type of household

Type of household	*Men*	*Women*	*Total*
Total	73.3	26.7	100.0
Single person	4.5	11.1	15.6
Nuclear	54.9	8.1	62.9
Extended	13.1	6.6	19.6
Mixed	1.0	0.9	1.9

342. Thirty-nine per cent of urban households headed by a woman consist of women living alone.

343. Twenty-eight per cent of the households headed by women are accounted for by single-parent households with a woman head and dependent children.

Distribution of households, by sex of head of household, according to family type

Type of household	*Total*	*Male head*	*Female head*
Single-person	15.6	6.1	41.7
Couples without children	17.3	22.9	1.8
Couples with children	37.0	50.1	1.0
Household head with a child	8.6	1.7	28.0
Extended family with children	8.6	11.5	0.7
Extended family without children	2.4	3.2	0.3
Incomplete households with children	4.1	1.0	12.4
Incomplete households without children	4.5	2.1	11.3
Mixed households with children	0.8	0.6	1.2
Mixed households without children	1.1	0.7	2.1
Total	**100.0**	**100.0**	**100.0**

Article 14
Status of women in rural areas

Rural population
Estimates and projections — Economically active population (EAP), by sex and area

Area/year	*Total*	*Men*	*Women*
Total			
1980	1 165 304	771 046	394 258
1985	1 286 521	798 841	487 707
1990	1 355 380	829 277	526 103
1995	1 422 876	867 241	555 635

Area/year	*Total*	*Men*	*Women*
Urban			
1980	972 013	613 499	358 514
1985	1 101 877	654 445	447 432
1990	1 179 887	693 787	486 100
1995	1 258 971	740 870	518 101
Rural			
1980	193 291	157 547	35 744
1985	184 644	144 369	40 275
1990	175 493	135 490	40 003
1995	163 905	126 371	37 534

Source: National Statistical Institute.

Employment of rural women

Urban female population, by employment status (in thousands)

Employment status	*Total*	*Montevideo*	*Interior*
Total	1 512	741	771
Active	555	300	254
Employed	488	264	223
Unemployed	67	36	31
As such	47	25	22
First-time job seekers	20	11	9
Inactive	665	312	352
Students	83	40	43
Housewives	210	94	115
Retired pensioners	316	151	164
Financially independent	6	4	2
Other	50	23	27
Under 14	292	129	164

Source: National Statistical Institute, Continuing Household Survey, 1994.

Distribution of EAP by area and sex according to level of education

Years of schooling	Total country		Montevideo		Interior Urban areas	
	Women	Men	Women	Men	Women	Men
Total	100.0	100.0	100.0	100.0	100.0	100.0
None	0.8	0.8	0.6	0.4	1.0	1.2
Primary	30.0	37.6	24.6	30.1	36.6	45.3
Higher level	49.6	50.9	50.0	53.1	49.2	48.5
	19.3	10.1	24.6	15.4	12.9	4.5

Source: National Statistical Institute, Continuing Household Survey, 1994.

Women's contribution to production

344. Half of the actively employed women in the country are found in the personal services sector.

345. In Montevideo, 26.5 per cent of women are involved in this sector, while in the interior, the percentage rises to 36.4 per cent.

Percentage distribution of EAP, by area and sex, according to sector of activity

Sector	Total country		Montevideo		Interior Urban areas	
	Women	Men	Women	Men	Women	Men
Total	100.0	100.0	100.0	100.0	100.0	100.0
Manufacturing	17.1	20.7	18.2	23.4	15.8	18.0
Construction	0.3	12.2	0.4	9.3	0.2	15.2
Commerce	19.0	19.1	17.5	20.2	20.7	18.0
Transport/ communications	2.0	8.5	2.1	9.8	1.9	7.1
Banking, financial and business services	5.4	5.7	7.2	7.9	3.1	3.4
Social, personal and public services	51.1	25.7	50.0	25.0	52.5	26.3
Other	5.1	8.1	4.6	4.3	5.6	12.0

Source: National Statistical Institute, Continuing Household Survey.

Percentage distribution of EAP, by area and sex, according to type of occupation

Type of occupation	*Total country*		*Montevideo*		*Interior Urban areas*	
	Women	*Men*	*Women*	*Men*	*Women*	*Men*
Total	100.0	100.0	100.0	100.0	100.0	100.0
Professional and technical	16.5	7.5	18.5	10.0	14.1	5.0
Managers	1.3	3.7	1.8	5.2	0.7	2.2
Office workers	17.6	11.5	21.7	14.3	12.6	8.6
Shopkeepers	15.3	12.6	14.2	13.5	16.7	11.6
Drivers	0.2	6.9	0.3	7.4	0.1	6.4
Operators	13.6	18.0	13.3	34.7	14.0	41.5
Service workers	30.4	9.2	25.6	8.7	36.4	9.6
Other	5.0	10.6	4.8	6.3	5.5	15.2

Source: National Statistical Institute. Continuing Household Survey.

Women and land

346. Fifty-three and four tenths per cent of women in rural areas are between the ages of 35 and 64 and are members of the landholding family. The majority of women farm workers own the land they farm.

Working female population by age group and ownership of farm operation (in thousands)

Age	*Working on family farm*	*Producer*	*Personal*
Under 14	4.3	1.1	0.2
13 to 34	10.9	7.8	3.1
35 to 64	15.6	13.0	2.6
65 and over	1.4	1.4	0.0

Source: Agricultural Census.

Number of women working in agricultural operations, by type of landholding

Landholding	*Number of women*
Total	29.2
Owners	16.9
Leaseholders	4.5
Tenant farmers	0.2
Squatters	1.3
Other	6.4

Source: Agricultural Census.

Rural women and health care

347. As noted in paragraph 234, the system for providing health care is divided into two main branches: on the one hand, the State public health services, and on the other, group health-care organizations.

348. There are 34 such institutions in the interior out of the total of 53 in both urban and rural areas throughout the country.

Socio-demographic characteristics and proportion of the population using group health-care organizations, by department

Department	*Total population*	*Per cent population with NBI*	*Per cent population community services*
Artigas	69 145	44.2	29.42
Canelones	364 248	31.5	23.27
Cerro Largo	78 416	43.7	26.90
Colonia	112 717	25.2	41.84
Durazno	55 077	36.7	29.12
Flores	24 739	28.5	36.78
Florida	66 474	30.7	36.70
Lavalleja	61 466	30.9	39.64
Maldonado	94 314	27.0	57.68
Montevideo	1 311 976	19.0	75.82
Paysandú	103 763	34.4	35.05
Rio Negro	48 644	34.1	20.68
Rivera	89 475	46.2	23.65
Rocha	66 601	35.3	32.14
Salto	108 487	38.7	36.54
San José	89 893	35.1	24.39
Soriano	79 439	31.5	35.91
Tacuarembó	83 498	42.0	32.91
Treinta y Tres	46 869	37.2	33.19
Total	**2 955 241**	**34.36**	**51.38**

Source: Office of Statistics and Census.
Ministry of Public Health, Division of Tax Identification.
Ministry of Public Health, SINADI.

Population distribution by type of medical care available, area and sex — 1992 data

Institution	*Montevideo*			*Interior South*			*Interior North*		
	Men	*Women*	*Total*	*Men*	*Women*	*Total*	*Men*	*Women*	*Total*
None	3.8	0.9	2.1	3.1	1.9	2.4	1.8	1.1	1.4
Ministry of Public Health	19.6	24.8	22.6	31.5	37.8	35.3	30.8	48.7	40.6
Group	59.9	58.4	59.0	45.3	45.2	45.3	49.8	29.8	38.8
Municipal	0	0.9	0.5	0	0	0	0.9	0.4	0.6
Military	6.1	3.8	4.7	4.3	4.0	4.1	5.7	2.9	4.2
Police	1.3	2.2	1.8	0	0.8	0.5	0	2.9	1.6
Partial coverage	1.9	3.3	2.7	0.8	1.6	1.3	0	0.7	0.4
Other State services	0.6	0.2	0.4	0	0	0	0	0	0
Private care	6.7	5.5	6.0	15.0	8.7	11.2	11.0	13.5	12.4
Total of sample	**312**	**452**	**764**	**254**	**378**	**632**	**227**	**275**	**502**

Source: Honorary Committee to Combat Cancer, Technical Cooperation Office of Planning and the Budget (OPP)/IDB/UNDP

Levels of coverage by the Ministry of Public Health

349. The Ministry of Public Health provides free national health-care cards to people with incomes at or below twice the national minimum wage (approximately $180). Subsidized health-care cards are sent to people with incomes in the band between 3 and 10 times minimum wage, and cover 60 per cent of all service fees.

350. State-provided mother and child care is free, regardless of the mother's income.

Types of health-care card issued by the Ministry of Public Health

	Free	*Subsidized*	*Total*
Montevideo	78 870	6 431	85 301
Interior	129 929	8 361	138 290
Total	**208 799**	**14 792**	**223 591**

351. A model of the types of health care provided shows various levels of complexity.

352. The first level of health care uses simple technologies; most of the polyclinics and health centres open to the general public are on this level. Polyclinics and health centres provide local health care, covering a population less than an hour's travelling time away (60 km by ambulance, 12 to 15 km by public transport and 4 km on foot).

353. The second level of health care is provided by zone hospitals, covering patients up to two hours' travelling time away.

354. The most sophisticated resources and equipment requiring high levels of specialization are concentrated at the third level. The service areas are on the level of an administrative department and the referral populations live six hours' travelling time away at most.

355. The fourth level is based on high technology restricted to complex pathologies, and therefore takes patient referrals nationwide.

356. In conclusion, we can state that Uruguay's public and private health system provides medical/hospital care to rural women satisfactorily and on an equal basis with women in urban areas.

Women in rural areas and education

357. Under the Uruguayan constitution, schooling is mandatory. School enrolment and graduation rates for children between 6 and 11 are 96.5 per cent.

358. At 3.5 per cent, non-attendance is marginal.

359. As a compensatory strategy for children from especially deprived areas, full-time schools have been set up that try to keep the children in school for a least six hours a day, with basic subjects in the mornings and special activities in the afternoons.

360. Multidisciplinary teams have been formed to train teaching staff, and coordinated efforts have been made to motivate teachers and the nuclear family group to work together to encourage the child to learn.

361. The education system at the primary level has a markedly formal concept of assessment. Those who take part in the process are considered internal "agents" in the system, with teachers measuring the children's progress and inspectors supervising the teachers. One of the most clear-cut criticisms the international cooperation specialists have made is that the school system repeats its procedures and activities without moving on to the rigorous study of its practices that would enable it to identify the limitations in its technical and administrative management.

362. These aspects are behind the far-reaching debate that takes place whenever there is discussion of the comprehensive reform of education that is a priority for the State.

363. Indeed, the debate is going on right now for such a root-and-branch reform that would reconcile democratizing enrolment with strategies for recognizing, consolidating and meeting the demands of the various social groups.

364. The purpose of the reform is to maximize the quest for educational quality regardless of the sociocultural deficits of the pupils, while adapting the learning process to their needs.

365. The backbone of the reform is already under way, with the promotion of full-time schools, secondary school compensatory strategies, universal pre-school education and effective community involvement in education.

366. All Uruguayan society knows that this reform can work only if there is joint action by the authorities, specialists, teachers, parents, pupils and the community.

367. The primary school education network provides services with extremely high nationwide penetration.

368. In 1960, the country had 1,880 public schools; 36 years later, that number had grown to 2,424, with growth in the interior averaging 8 per cent.

369. There are 1,339 public schools in rural areas, of which 1,241 are ordinary schools and 98 are farm schools.

Illiteracy

370. For the reasons already stated, the illiteracy rate in Uruguay is marginal, at 3.8 per cent for women and 4.25 per cent for men.

Illiteracy rates for persons aged 10 or over, by sex and area

Area	*Men and women*	*Men*	*Women*
Whole country			
1963	10.5	10.3	10.7
1985	4.3	4.7	3.8
Urban			
1963	8.9	8.1	9.7
1985	3.7	3.8	3.6
Rural			
1963	17.3	18.1	16.3
1985	8.0	9.7	5.7

Levels of education

371. Averaged over the whole country, the proportion of women with over 10 years of education is 47.2 per cent. Girls perform better at school, with 9.45 per cent repeating a year against 13.1 per cent for boys.

Highest level of education of population aged 12 and over, by area and sex

	Montevideo				*Interior urban*			
	1985 census		*CHS*[1] *1994*		*1985 census*		*CHS*[1] *1994*	
Level of education	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	2.4	3.4	1.0	1.8	6.6	6.8	3.2	4.3
Primary, incomplete	18.2	17.7	12.5	12.6	30.6	27.2	21.3	20.4
Primary, complete	24.9	28.1	22.0	25.5	29.0	29.8	27.3	27.8
Lower secondary	21.3	22.4	24.8	25.1	15.1	17.7	20.0	20.7
Upper secondary	8.3	9.3	10.9	12.0	5.1	7.3	9.7	11.9
Technical	13.2	6.1	14.5	6.7	10.3	5.5	13.9	6.7
University	9.9	8.4	12.7	12.0	2.0	1.5	3.2	3.1
Magisterio[2]	0.5	4.0	0.6	4.1	0.6	4.0	0.8	4.9
Others	1.5	0.5	1.0	0.2	0.7	0.3	0.6	0.2

[1] Continuing Household Survey.

[2] Translator's note: the *magisterio* corresponds to a secondary educational programme for training primary school teachers.

University education

372. One of the most significant indicators of the changes in higher education is the striking increase in the number of women, with women forming 58 per cent of the total number of university students enrolled.

Distribution, by course and sex, of students in the faculties and schools of the University of the Republic

Faculties and schools	*Total*	*Men*	*Women*	*Men*	*Women*
Total	100	42.6	57.4	100.0	100.0
Agronomy	100	74.5	25.5	5.0	1.3
Architecture	100	56.1	43.9	7.3	4.2
Economics	100	48.0	52.0	13.2	10.7
Communication sciences	100	43.0	57.0	1.2	1.1
Law and social sciences	100	35.1	64.8	19.3	26.4
Humanities	100	36.2	63.8	5.2	6.7
Engineering	100	78.4	21.6	18.8	3.9
Medicine	100	42.1	57.9	11.0	11.2
Dentistry	100	31.5	68.5	1.6	2.6
Chemistry	100	36.1	63.9	2.6	3.4
Veterinary science	100	59.5	40.5	3.8	1.9
Psychology	100	18.6	81.4	2.3	7.5
Fine arts	100	37.4	62.6	2.9	3.7
Librarianship	100	11.0	89.0	0.1	0.5
Music	100	56.1	43.9	0.7	0.4
Medical technology	100	18.2	81.8	1.7	5.6
Nursing	100	6.6	93.4	0.2	1.8
Dental auxiliary	100	30.2	69.8	0.8	1.5
Administration	100	30.3	69.7	2.2	3.8
Nutrition	100	2.2	97.8	0	0.4
Midwifery	100	0	100.0	0	0.1
Social services	100	8.8	91.2	0.2	1.3

Distribution, by course and sex, of students at the Catholic University of Uruguay

Course	*Total*	*Men*	*Women*	*Men*	*Women*
Total	523	41.5	58.5	100	100
Bachelor's in philosophy	100	100		1.8	0
International trade and integration course	100	37	63	7.4	8.8
Pre-school education	100	5.6	94.4	0.9	8.2
Computer science	100	72.6	27.4	12.9	3.6
Law	100	37.7	62.3	6.9	8.5
History	100	66.7	33.3	1.4	0.7
International business	100	63.2	36.8	11.5	4.6
Company management	100	57.1	42.9	23	12.4
Social communication	100	33.9	66.1	12.9	18.3
Psychology	100	11.4	88.6	2.3	12.7
Social sciences	100	34.8	65.2	3.2	4.6
Education	100	23.9	76.1	3.7	8.2
Labour relations	100	50.9	49.1	2.8	2
International business and integration					

Source: Catholic University of Uruguay.

Article 15

373. As noted above, women in Uruguay have enjoyed equal civil capacity since 1946, with the same rights and obligations as men. Women can enter into contractual relations of all kinds, administer their property and choose their residence or domicile.

374. The conjugal domicile is decided by agreement between the spouses.

375. Any conflicts that may arise between spouses (personal, family, property) must be resolved by a judge specializing in family law. These judges are members of the judicial branch, which is fully independent of the executive. For example, in Uruguay a divorce may be sought:

(a) By giving specified reasons;

(b) By mutual consent; or

(c) By the will of the wife alone, with no reason given.

Divorces sought by the wife alone are heard by professionally qualified judges under *audiencia* (High Court) procedures (article 187 of the Civil Code). It should be pointed out that divorce by the will of the husband alone does not exist.

376. The judge may not issue the decree absolute dissolving the marriage by divorce until custody, care, visiting rights and maintenance have been settled for any children of the marriage who are still minors.

Women and justice

377. In Uruguayan law, women have the same right of access to the courts as men, whether as plaintiff or applicant, defendant or respondent, or as witness.

378. Numerically, women judges predominate in the judicial branch, although the higher up the career ladder, the lower the percentage of women.

Women in adjudicatory posts — the judicial branch

	Total posts	*Women (percentage)*
Supreme Court judges	5	0
Court of Appeals judges	43	16
Professionally qualified judges — Montevideo	85	51
Professionally qualified judges — Interior	74	55
Montevideo lower court judges	42	86
Departmental court judges — Interior	36	75
Lower court judges — Interior	205	37

379. The Judiciary Act sets the conditions for being called to the bar or bench. There is no sexual discrimination in the statutes for judges, attorneys and prosecutors.

380. Under article 78 of Act No. 15,750 of 24 June 1985, entry into a career in the judiciary may be effected only to posts in the lower hierarchy except in special cases, where whatever the level in the hierarchy, citizens may enter who are distinguished by reason of renown as legal authorities, in accordance, however, as always, with articles 235, 242 and 245 of the Constitution.

381. Article 137 of Act No. 15,750 stipulates that to practice law, a person must have an enabling certificate issued by the University of the Republic, must be over 21 and must be registered in the roll of the Supreme Court and have taken the oath before it.

Article 16
Age of marriage

382. Under the Civil Code, it is absolutely forbidden to marry before the age established by the laws of the Republic, namely, 14 for boys and 12 for girls.

383. From ages 14 to 18 and 12 to 18, respectively, the partners must obtain prior permission or authorization from their legal parents in order to marry. If the partners have no parents, the consent must be given by the closest legal adult relative or relatives in the ascending line. In the case of conflicting views, the one that favours the marriage will obtain. If a partner has no adult relatives, he must obtain the consent of his legal guardian or caregiver.

384. In the case of a person born out of wedlock, the consent to marry must be obtained from the father or mother who has recognized him or her, and from both if recognized by both. If the parents are unable to recognize the person as being their child, the obligation to do so falls to other adult relatives.

385. When the person or persons who must consent to a marriage refuse to do so, a partner may seek legal recourse; in such an event, the judicial authority may deem that the refusal is unreasonable and authorize a civil ceremony.

386. As it should be clear from the foregoing statement, the partner who has not obtained parental consent is entitled to legal assistance, since he or she has the legal right to appear before the courts in order to oppose the views of his or her parents.

387. The prenuptial medical examination is not mandatory for either of the partners.

388. Article 27 of the current Children's Code establishes that:

> "Notices shall be published to persuade greater numbers of future spouses to visit prenuptial medical information bureaus administered by the Ministry of Public Health. Officials employed in the Registry Office shall advise future spouses with regard to the advantages of prenuptial consultations, and the fact that they have done so will be noted in the record."

Refusal of consent by either of the partners

389. If either of the partners refuses to give his consent, the marriage cannot be performed. Both partners or any other person, including the government procurator's office, on behalf of the State, may submit a complaint concerning that refusal. On receipt of the complaint, an official status file is drawn up and submitted to the competent judge.

Civil matrimony

390. Since 21 July 1885, civil matrimony has been the only legal form of marriage performed in the territory of the Republic.

391. Article 84 of the Civil Code provides that:

> "Once the civil ceremony referred to in article 83 is performed, the partners may freely request a religious ceremony in the church to which they belong, but no Catholic priest and no minister of the country's various dissenting denominations may perform a wedding without having received notice of the performance of the civil ceremony, in the form of a certificate issued by the clerk of the Registry Office, and if he performs it without such a certificate, he will be subject to a punishment of six months in prison (by summary procedure).
>
> "Marriages *in extremis*, which do not, however, entail civil consequences, shall be exempt from the foregoing provision."

Rights and obligations

392. Once the marriage is sealed, the partners' obligations are identical.

Obligations to children

393. The following provisions of the Civil Code establish that:

Article 116: Merely by the act of marriage, the partners assume the obligation to support and rear their children and to provide them with a profession or skill in

keeping with their status and circumstances (article 250). Parents are not obliged to provide their children with the means of setting up a domicile.

Article 121: The term "support" includes not only food and shelter, but also clothing, shoes, medicine and fees for doctors and doctors' assistants, in the event of sickness. It also includes education, when the recipient of the support is under 21 years old.

Article 122: The support must be provided in accordance with the means of the provider and the needs of the recipient. Depending on the circumstances of the case, the judge will determine the form and amount of support that must be provided.

Article 252: Parental authority is the combination of rights and duties that the law attributes to parents with regard to the person and property of their minor children. Parental authority shall be exercised by both parents together, without prejudice to judicial decisions which abolish, suspend or limit their exercise or confer it on one of them, and without prejudice to the provisions of article 172. When parents cannot reach agreement, either may appeal to the competent judge.

Article 258: Parents guide the education of their children and represent them in all civil proceedings.

Article 271: Parents are prohibited from:

(1) Transferring their children's property or rents drawn against the national debt, unless for reasons of clear need or use by their children and prior authorization by a judge, granted at a hearing in the presence of the government procurator;

(2) Granting, without such authorization, real rights against their children's assets, or transferring real rights that belong to their children against assets belonging to others;

(3) Purchasing, on their own behalf, or through an intermediary, assets of any kind belonging to their children, including at public auction;

(4) Transferring to themselves credits, rights or shares of stock belonging to their children, unless those transfers result from a statutory subrogation;

(5) Suspending the rights of their children;

(6) Conducting private transactions with their children concerning the inheritance of a spouse who has not yet died or concerning an inheritance of which both they and their children are co-heirs or legatees;

(7) Obliging their children to be their guarantors or that of others.

Any actions undertaken by the parents against these provisions are null and void.

Mutual obligations of spouses

Article 127: Spouses owe each other mutual faithfulness and reciprocal help.

Article 130: By the act of marriage, the property of both spouses becomes joint property, in accordance with the rules set forth in book IV, section VII, part II of this Code. The property of those who have married in foreign countries is considered separate in cases where joint ownership of property was not established by the legal regime under which they married.

Consequences of divorce

394. The following articles of the Civil Code establish that:

Article 172: Spouses may at any time draw up agreements regarding the situation of their children, unless the separation was caused by the reasons described in article 148, paragraph 5.

Article 173: Without prejudice to the provisions of the previous article, the judge, at his own discretion or at the request of either spouse, may take decisions regarding the situation of the minor children, taking into consideration their interests and in accordance with the following provisions. All cases will be heard before the government procurator.

Article 181: In order to divide the belongings, the joint ownership property will be dissolved, in accordance with the provisions of the respective section of book IV.

Article 1999: Once the joint ownership of property has been dissolved, if requested, a formal inventory of all property belonging to the marriage will be drawn up, and an appraisal conducted, as in cases of succession caused by death.

Article 2003: The inventory will consist of a numbered list of amounts which, having been paid by the couple jointly, will be tallied, calculated in adjustable units, and subtracted from the assets of the wife and husband. The value of gifts and transferred assets which must be considered illegal or fraudulent under article 1974 will also be tallied in adjustable units, with the exception of cases in which the actual objects are tallied and divided.

Article 2010: The fund of liquid profits will be divided between the husband and wife or between their respective heirs by halves.

Statistics

395. Over the course of a decade the number of marriages performed each year dropped from 20,068 in 1982 to 19,400 in 1992. During the same period, the number of divorces doubled, climbing from 3,706 to 8,499.

Divorces registered by area (1982-1992)

Years	*Total*	*Montevideo*	*Interior*
1992	8 499	3 923	4 576
1991	9 800	6 188	3 612
1990	6 840	3 823	3 017
1989	6 063	3 517	2 546
1988	6 376	3 925	2 451
1987	4 611	2 398	2 213
1986	4 191	2 350	1 841
1985	4 118	2 618	1 500
1984	2 967	1 509	1 458
1983	3 024	1 429	1 595
1982	3 706	1 992	1 714

Source: National Statistical Institute.